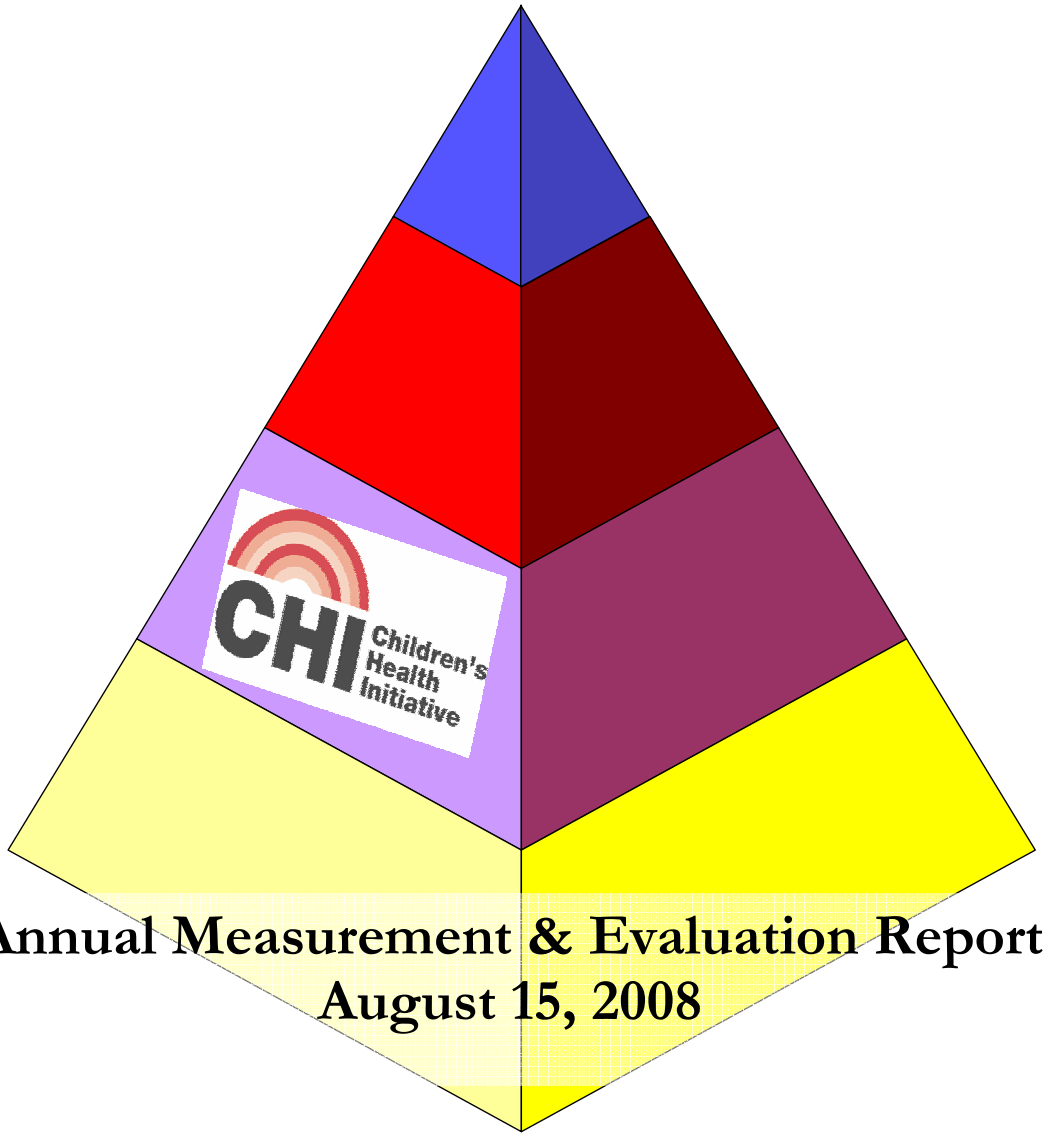
Children's Health Initiative



Annual Measurement & Evaluation Report
August 15, 2008

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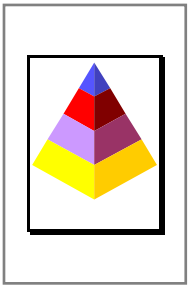


Executive Summary

The Children's Health Initiative (CHI), created in 2007 by King County Executive Ron Sims and supported by the King County Council and community partners, is a public/private partnership to improve low-income families' ability to enroll in federal and state health insurance programs for which they are eligible and to ensure that their children obtain appropriate preventive-focused primary medical, dental, and behavioral health care.

2007 also witnessed another milestone in improving access to health care for children: the State of Washington's new Cover All Kids law expanded the number of families who are eligible for publicly-funded health care coverage by raising the upper income limit to families earning less than 250% of the federal poverty level (FPL). Approximately 9,000 of the 15,000 uninsured children in King County became eligible for health insurance when this law became effective on July 1, 2007. An additional 1,000 children will become eligible when the state raises the income ceiling to 300% FPL effective January 2009.

Public Health – Seattle & King County (PHSKC) staff worked aggressively with its community partners during 2007 and 2008 to implement the three key components of the CHI as quickly as possible. This approach has led to significant results during the program's first year.

Findings

Advocacy and Alignment

The focus of CHI's advocacy work is to ensure that the state's implementation strategies, policies, and budget priorities support access to care for all children as the state implements the Cover All Kids law.

Advocacy efforts this past year have culminated in several notable achievements, including:

- Design of a statewide outreach strategy, accomplished in collaboration with state staff and community advocates
- Development of children's health priorities for the 2009 legislative session through leadership activities with the Health Coalition for Children and Youth
- Negotiation and implementation of a groundbreaking data share agreement with the state's Department of Social and Health Services (DSHS). This agreement enables CHI staff to determine, through DSHS claims data, whether the children they have enrolled in health insurance have successfully made the link to medical and/or dental care, a key step in establishing medical and dental homes. This is the first such data sharing agreement of its kind in the state and exemplifies the strong King County – Washington State partnership that has developed around the CHI. Further, this agreement can provide a model that leads to a statewide mechanism for ensuring that children are linked to care and receive services rather than simply enrolled in health coverage.

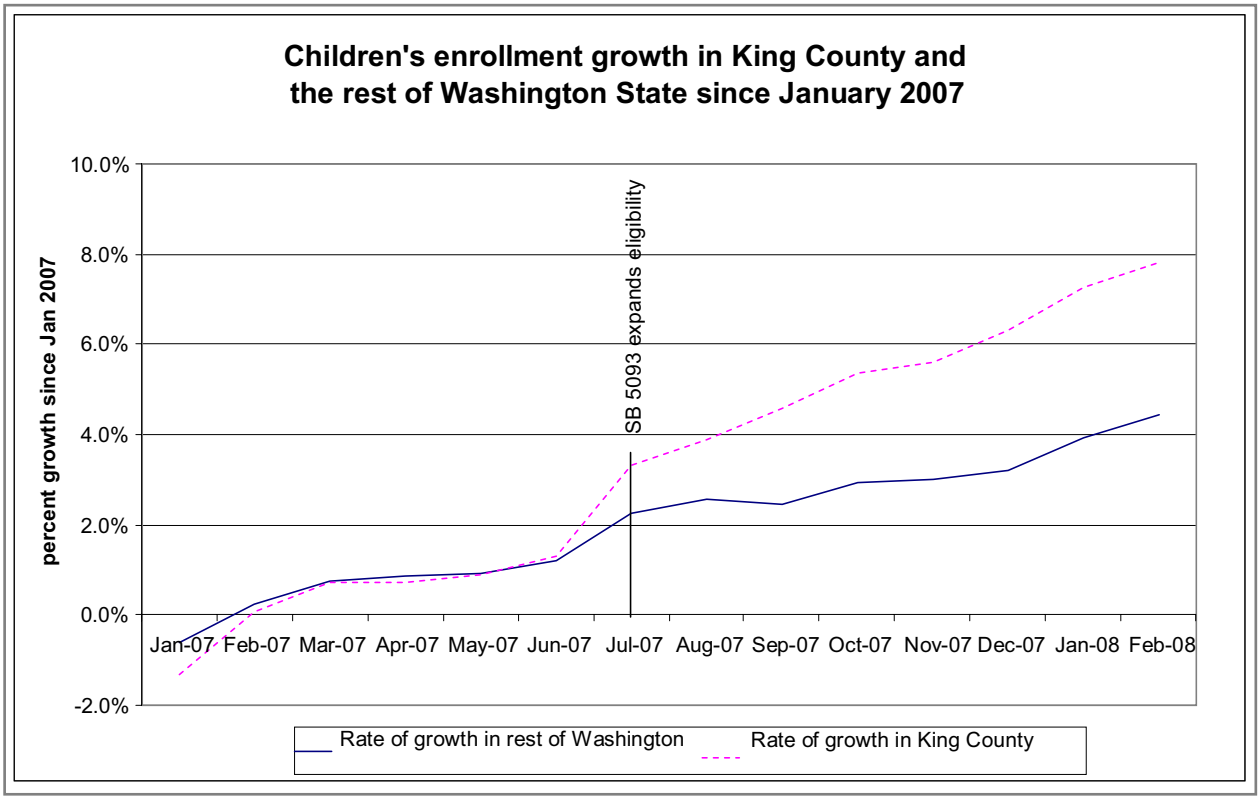
Access and Outreach

The Access and Outreach component of the CHI disseminates messages and provides education about the value of early prevention and insurance coverage and proactively reaches out to identify eligible low-income families, enrolling them in publicly-funded health insurance programs. The CHI's outreach efforts target difficult to reach populations with significant language, cultural, racial, and socioeconomic barriers to address existing disparities in health care access. After enrollment, the CHI links the children to medical and dental homes, integrated preventive care, and needed wrap-around services.

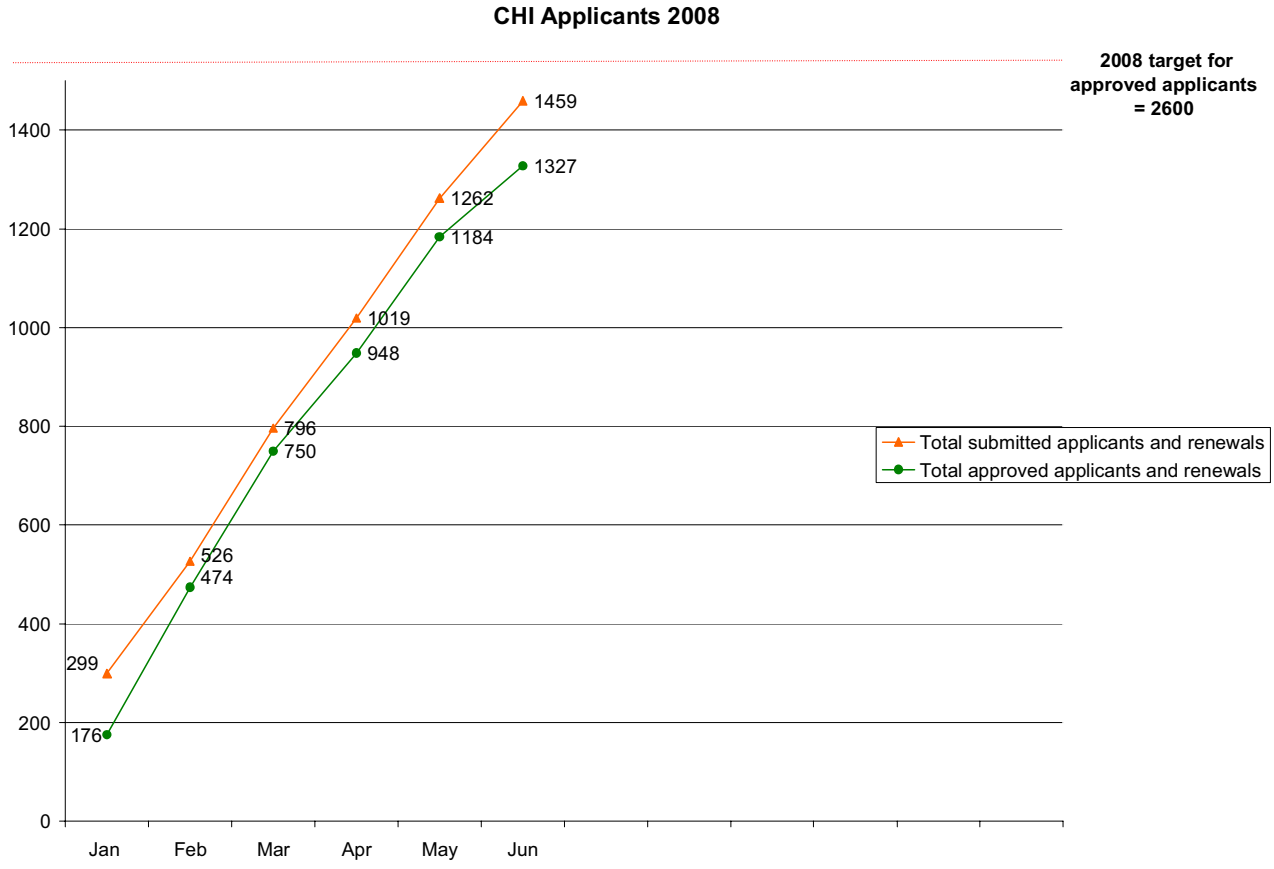
The Access and Outreach component hit the ground running in 2007, enabling the program to demonstrate the importance of outreach and linkage to ensure that eligible families are able to obtain health care coverage and services.

Key results include:

- Between January 2007 and February 2008 (the last month for which the state has data)**, King County's rate of growth for enrollment has been higher than the rest of the state** – 7.8% growth for the county compared to 4.5% for the state.



- **CHI's outreach efforts surpassed the program's 2007 enrollment goals and is on track to meet the 2008 goal of 2,600 children with approved enrollment. From program start in January 2007 through June 2008, the CHI enrolled or renewed coverage for over 2,700 children.**



- As part of the outreach effort, the Community Partners Outreach Project (CPOP) began in November 2007, targeting community agencies and schools that serve children potentially eligible for medical coupons and children who have medical coverage but need assistance with linkage to regular medical and dental care. As part of the CPOP, partnerships were formed with a number of schools and over 40 churches, preschools, daycares, family support centers, and immigrant service agencies. More than 3,000 people attended almost 50 sponsored events and received information about health coverage and culturally appropriate health education on preventive care and the importance of a regular source of health care. Initial results indicate at least 40 families applied for health coverage and were linked to services after CPOP events. Although the initial numbers are relatively small, these families represent some of the hardest to reach communities.

- In the second quarter of 2007 (the first quarter for which the state has complete data due to the lag in claims), **83% of the children CHI enrolled had seen a doctor and 49% of those one year old or older had seen a dentist**.

- **Data from safety net clinics with CHI care coordinators indicate increases in children accessing preventive care, such as immunizations and early dental care.** Studies have shown that these types of preventive care are both important for children's health and result in long-term avoided health care costs.

- From January 2007 to June 2008, over 4,000 community agency staff and 7,000 parents received training or education on the need for preventive services and how to access them.

Health Innovation Pilot Projects

The pilot projects' focus is to improve the effectiveness of health services for low-income children in King County and across the state. The three pilot projects, launched in 2007, focus on streamlining access to health care through web-based approaches, integrating behavioral health services into primary care settings where low-income families obtain services, and increasing low-income families' access to preventive and primary dental care.

☞ **Online Enrollment Pilot Project**

WithinReach, the CHI's community partner for implementation of a client-friendly online enrollment system for families, worked hard during the first six months of 2007 to lay a strong foundation for the addition of this important access point for families.

Results for 2007 year-to-date include:

- Implementation of interim technologies, such as faxing, enabling families to more easily access health care coverage – this adaptation was necessary due to the slower-than-anticipated pace of the state's Online Services Application Project

- Analysis of online enrollment technologies in place in other states to identify effective procedures – by carefully documenting the technical aspects of these approaches, WithinReach has been able to identify essential elements for the system that will send application data for King County families directly to the state for processing

☞ **Behavioral Health Integration Pilot Project**

Working with a strong network of community partners, CHI staff have completed the necessary contracting processes to implement the behavioral health care integration pilot. This initial step represents a significant accomplishment, given the complexities of launching a new program integrating with a new fund source: the King County Veterans and Human Services Levy.

Notable among the Behavioral Health Integration Pilot Project's accomplishments to-date include:

- Selection and completion of contracting processes for expanded services at 10 safety net clinic sites – the selected sites are located throughout the county and are culturally diverse, intended to engage hard to reach populations

- Identification of effective processes to engage families in obtaining behavioral health care services – as this is a new service delivery approach, CHI staff have provided leadership in enlisting experts at the University of Washington to ensure that evidence-based approaches are put in place

☞ **King County Kids *(KC Kids)* Dental Pilot Project**

Funded and administered directly by CHI partner Washington Dental Service, the KC Kids Dental Pilot Project has moved forward quickly to identify, enroll, and make connections to dental homes for many children between 250% and 300% FPL in advance of the state's expansion in 2009.

Highlights of the pilot project's efforts through June 2008 include:

- Enrollment of almost 500 children (of an estimated target population of 1,000) in just six months

- Provision of important preventive and restorative care for enrolled children; despite early assumptions that enrolled children would require extensive restorative procedures, a high percentage of the dental care provided has been preventive in nature

- Implementation of effective outreach strategies through schools and other venues have identified a diverse array of families throughout King County who are able to take advantage of this program

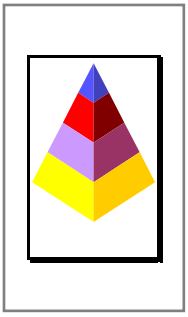
Measurement and Evaluation

The CHI measurement and evaluation process promises important information regarding the effectiveness of the initiative. With the coming year, these data will inform the King County Council, and the state as a whole, regarding the most effective strategies for increasing children's access to insurance, preventive and primary medical, dental, and behavioral health care.

With the intent of demonstrating the combined impact of the CHI's initiatives, the evaluation now includes a number of measures that will show the value of and the return on the investment of enrolling children in health care coverage and linking them to needed services. These measures include:

1. Uninsured children aged 0–18 in King County and Washington State
2. Well-child visit rate for CHI enrolled children ages 3-6 years old
3. Immunization rate for CHI enrolled children
4. Rate of preventable ER visits for CHI enrolled children
5. Rate of preventable hospital admissions for CHI enrolled children
6. Average number of school days missed due to illness for CHI enrolled children
7. Average number of parent work days missed due to child's illness for parents of CHI enrolled children
8. Parents' perception of child's health status for CHI enrolled children
9. Parents' worry about and perception of ease of access to services for CHI enrolled children

The CHI's evaluators are working with Public Health – Seattle & King County staff to obtain data to assess the programs' contribution to achievement of these measures. The August 2009 Measurement and Evaluation Report will include the initial results.



BACKGROUND

The Children's Health Initiative (CHI) is a collaborative initiative of the King County Council, the King County Executive, Public Health – Seattle & King County, the State of Washington, Group Health Cooperative, the Washington Dental Service, and a diverse range of private funders and community-based organizations. The breadth of the CHI's financial support and the expertise of its service delivery and advocacy partners are testimony to the importance the community places on ensuring access to timely preventive services and medical, dental, and behavioral health care for low-income children and their families.

The initiative's cornerstone funding comes from the King County Council – a $1M per year commitment for 2007, 2008, and 2009. This significant allocation enabled PHSKC staff to leverage additional private sector resources totaling $3,000,300. Group Health Cooperative donated $1M, the Washington Dental Service committed $1M (which it administers directly), and other community partners added $1,000,300. The generosity of these donors brings the total CHI resources to $6,000,300 over the 2007–2009 time period.

In addition to this impressive list of funding partners, the CHI works collaboratively with a group of excellent service providers and advocacy allies. These partners include community health centers, private dentists, school districts, health plans, hospitals, children's advocates, mental health agencies, and family support centers throughout King County. More information about these partners is included in the following chapters that describe the 2007 evaluation results for each of the CHI program components.

Children's Health Initiative Funding Partners

King County
Group Health Cooperative
Washington Dental Service

Children's Hospital and Regional Medical Center
Community Health Plan
Evergreen Healthcare
First Choice Health
Harborview Medical Center
Molina Healthcare of Washington
Northwest Hospital & Medical Center
OneHealthPort
Providence Health & Services
Retailigent
Robert Wood Johnson Foundation
Swedish Medical Center
United Way of King County
University of Washington Medical Center
Valley Medical Center
Virginia Mason Medical Center
WK Kellogg Foundation
Washington State Hospital Association

Implementation Milestones

The CHI's history, while short, reveals rapid progress in designing and implementing a state-of-the-art set of services that will increase the ability of children from low-income families to obtain the medical, dental, and behavioral health services they need.

June 2006 – Children's Health Access Task Force proposes implementation of a collaborative Children's Health Initiative, including efforts to find, enroll and link eligible low-income children to medical and dental homes, needed wrap-around services and integrated preventive care, and proposing creation of a King County-based gap insurance product for the remaining 2% or so of low-income children who are not eligible for current programs.

January 2007 – PHSKC staff design an outreach program to identify and enroll eligible families in health care coverage for their children.

May 2007 – King County Council passes Motion 12507, adopting the CHI and expressing its intent to dedicate $1M annually in 2007, 2008, and 2009 to implement the access and outreach component of the program. The motion also describes the CHI's vision and mission, program components, program goals, governance structure, and evaluation requirements. *(See Appendix A for a complete copy of Motion 12507)*

July 2007 – New state law proposed by Governor Gregoire expands health care coverage to all children in families earning less than 250% FPL. This new law eliminates the need for implementation of the Children's Health Access Task Force's gap insurance recommendation.

July–September 2007 – PHSKC staff work collaboratively with the private sector to generate $3M to support three pilot projects to improve low-income children's access to public health insurance programs, behavioral health services, and oral health care.

August 2007 – The CHI submits the first annual evaluation report to King County Council pursuant to Council Motion 12507.

December 2007 – The CHI reports that it has successfully identified and enrolled 1,420 children in public insurance programs for which they were eligible (Medicaid, Basic Health Plus, Children's Health Program, State Children's Health Insurance Program).

January 2008 – The CHI begins implementation of three pilot projects: Online Enrollment, Behavioral Health Integration, and KC Kids Dental Pilot Project.

February 2008 – CHI Health Innovation Implementation Committee approves the HIIC Work Plan 2008 (*See Appendix B*) and Pilot Project Progress Reports (*See Appendix D*).

August 2008 – The CHI submits the second annual evaluation report to the King County Council, as mandated by Council Motion 12507.

Program Overview

The CHI is a multi-faceted effort that helps children and their families overcome barriers to obtaining needed health care services through a set of state-of-the-art programs:

The Advocacy and Alignment Component works collaboratively with state and federal policymakers to ensure achievement of full implementation of the Cover All Kids law, including federal and state health care coverage for all low-income children and families, targeted outreach, improvement of health literacy, linkage to medical homes, receipt of preventive services, and incentive payments for provision of quality care. Working with other child and family advocates, CHI staff work for the implementation of policies and systems that improve the health of low-income families.

The Access and Outreach Component assertively reaches out to identify and enroll children in public health insurance programs for which they are eligible, employs trusted messengers from the community to deliver information about the value of early prevention and insurance, links families and children to a regular source of medical and dental care, and encourages quality integrated service delivery within clinics by utilizing care coordinators.

The Online Enrollment Pilot Project builds a user-friendly web-based bridge for parents to easily enroll their children in public health insurance and other basic needs programs and helps them identify where to obtain services through use of WithinReach's ParentHelp123 system. The Online Enrollment Pilot Project is also developing a *Superuser Site* that will enable application workers and other outreach staff to use the web-based system to rapidly complete benefit applications for their clients.

The Behavioral Health Integration Pilot Project provides a diverse array of multi-lingual services to provide an integrated set of mental health and medical care services for children and their families. CHI partners HealthPoint (formerly known as Community Health Centers of King County), Country Doctor Community Health Services, International Community Health Services, Puget Sound Neighborhood Health Centers, Sea Mar Community Health Centers, and Valley Cities Counseling and Consultation are working with PHSKC staff to implement the program in coordination with other behavioral health activities in King County.

The KC Kids Dental Pilot Project serves as a demonstration for the expansion of coverage to be launched by the state in January 2009. The program works in collaboration with CHI's Access and Outreach component to identify children between 250% and 300% FPL, link them with a participating dentist, and provide payment for services delivered. Washington Dental Service is managing the development, marketing, administration, and evaluation of this countywide dental coverage program which will be available in early 2009. An evaluation of this program will be available in early 2009.

Policy Framework

☞ King County Motion 12507

In May 2007, the County Council passed Motion 12507, adopting the Children's Health Initiative and expressing its intent to dedicate $1M for outreach and linkage annually in 2007, 2008, and 2009. The motion, included in *Appendix A* and outlined below, describes the CHI vision and mission, program components, program goals, governance structure, and evaluation requirements.

In adopting Motion 12507 enacting the initiative, the council recognized the important foundations for the new program:

- King County's commitment to help the public achieve optimum health, its priority to reduce health disparities across all segments of the population, and its intent to improve the health of children
- The Public Health Operational Master Plan's establishment of key goals and policies for public health
- Recognition of research indicating that removal of barriers to comprehensive care is essential in improving children's health and understanding that lack of insurance is one of most important of these barriers
- Washington State's enactment of Senate Bill 5093 expanding health care coverage for thousands of children across Washington State and its commitment to provide affordable coverage options for all children by 2010
- Recognition that there are 15,000 uninsured children in King County, and that approximately 9,000 of these children were eligible for coverage under the law as of July 2007 and an additional 1,000 will be eligible as of January 2009
- Acknowledgement of the leadership the King County Executive provided in convening the Children's Health Access Task Force and commending the Task Force's recommendations to establish an outreach strategy to enroll children in insurance programs and link them to a regular source of medical and dental care
- Recognition of the importance of measurement and evaluation in determining the effectiveness of the initiative
- Prioritization of public/private partnerships as an effective resource development strategy in pursuing innovative projects
- Incubation of programs at the county level to provide evidence-based models for success in advance of the state's expanded coverage

The council also established a clear vision and mission, goals, program components, and evaluation requirements for the initiative. These components provide the guidance to ensure that the CHI addresses the most important challenges in increasing low-income families' access to health care coverage and their children's access to health care services.

Vision and Mission

King County's vision is for every child in King County to achieve optimal health and grow into a healthy adult. Recognizing that regular access to health care is necessary to achieving optimal health, the mission of the county's CHI is to create conditions under which children have consistent access to comprehensive preventive-focused primary health care, prioritizing those activities which will have the most significant impact on health or reduction in health disparities.

Program Components and Goals

Description	Goals
Advocacy The county will actively advocate at the state and federal level to ensure that children and their families have options for affordable health care coverage	▪ Ensure that the state fulfills its adopted goal to extend health care insurance coverage to all children by 2010 ▪ Ensure that the state fulfills its goals to connect children to a medical home and assure that high-quality, cost-effective care is provided
Outreach to children The county shall fund and conduct outreach to enroll children in the state and federal insurance programs for which they are eligible The county's outreach efforts shall also include ensuring that children receive appropriate preventive-focused primary care once they are enrolled in insurance, through both education and care coordination	▪ Improve insurance access by increasing the number of insured children by identifying and enrolling eligible children in public insurance programs ▪ Improve health knowledge by training parents and staff at community agencies to identify children's health problems and encourage families to seek preventive care ▪ Improve access to health care by connecting children to regular sources of medical and dental care ▪ Improve health status by ensuring that children receive appropriate evidence-based preventive health care services
Health innovation pilot projects The county will partner with private sector donors on creating pilot projects that will strengthen linkages in the health care system and reduce barriers children face in accessing comprehensive health care	▪ Ensure that children receive appropriately integrated services for the mouth, the mind, and the body by strengthening linkages in the health care system ▪ Reduce barriers children face in accessing health care services by developing systems that assure children receive timely coordinated preventive care ▪ Leverage current opportunities to build evidence for future state-funded efforts by demonstrating innovative approaches and measuring effectiveness with carefully designed and implemented evaluations

Governance Structure

- Access and Outreach Committee, representing community-based organizations and their community shall provide oversight to the outreach component of the CHI
- Health Innovation Implementation Committee, comprising private sector donors, child health experts, and health care system and public health representatives shall design and provide oversight to the implementation of the pilot projects

Policies Governing the Health Innovation Pilot Projects

- As county contributions are necessarily limited to the levels set forth in Motion 12507, the county encourages public and private sector organizations to donate funds to supplement the county's contribution to this initiative
- Health innovation pilot projects shall be designed such that donated funds are assured to complete each project
- Health innovation pilot projects shall be designed to coordinate and support state and county efforts to increase children's access to preventive medical and dental care
- Health innovation pilot projects shall include defined goals, objectives, and measurement and evaluation plans in order to develop an evidence base for future interventions by the state
- Health innovation pilot projects shall be consistent with the adopted Policy Framework for the Health of the Public
- In requesting appropriation of funds donated to the county for health innovation pilot projects, the Executive shall transmit to the council information that demonstrates the projects adhere to the policies adopted by Motion 12507

Evaluation Requirements

- Semi-annual and annual measurement and evaluation reports based on the evaluation plans to report to the implementation committees and the council (including the following requirements)
- Implementation committee charters
- Updated measurement and evaluation plans for the outreach component of the CHI
- Measurement and evaluation plans for the health innovation pilot projects component
- Summary of related activities being undertaken or funded by the state
- Recommendations on changes to the CHI based on the measurement and evaluation data or changes in state activities

☞ **Public Health Operational Master Plan (PHOMP)**

Within King County Council Motion 12507, the council finds that the CHI is consistent with the adopted Policy Framework for the Health of the Public and supports development of strategies that will further the community's ability to protect, promote, and provide for children's health.

In addition to King County Council Motion 12507, the Public Health Operational Master Plan (PHOMP) provides policy and operational direction to PHSKC. With its emphasis on preventive health care and increasing equitable access to care, the CHI addresses the following four-year PHOMP goals:

- Develop the key elements of an effective, modern health promotion program to combat the most important underlying actual causes of preventable illness and death in King County

- Increase access to affordable, quality health care through convening and leading the development and implementation of improved community strategies to provide services

These four-year goals in turn contribute to King County's long-term goal in providing health care, as defined in the PHOMP:

- Increase the number of healthy years lived by people in King County and eliminate health disparities through access to affordable, appropriate, and quality health care services

Measurement and Evaluation Design

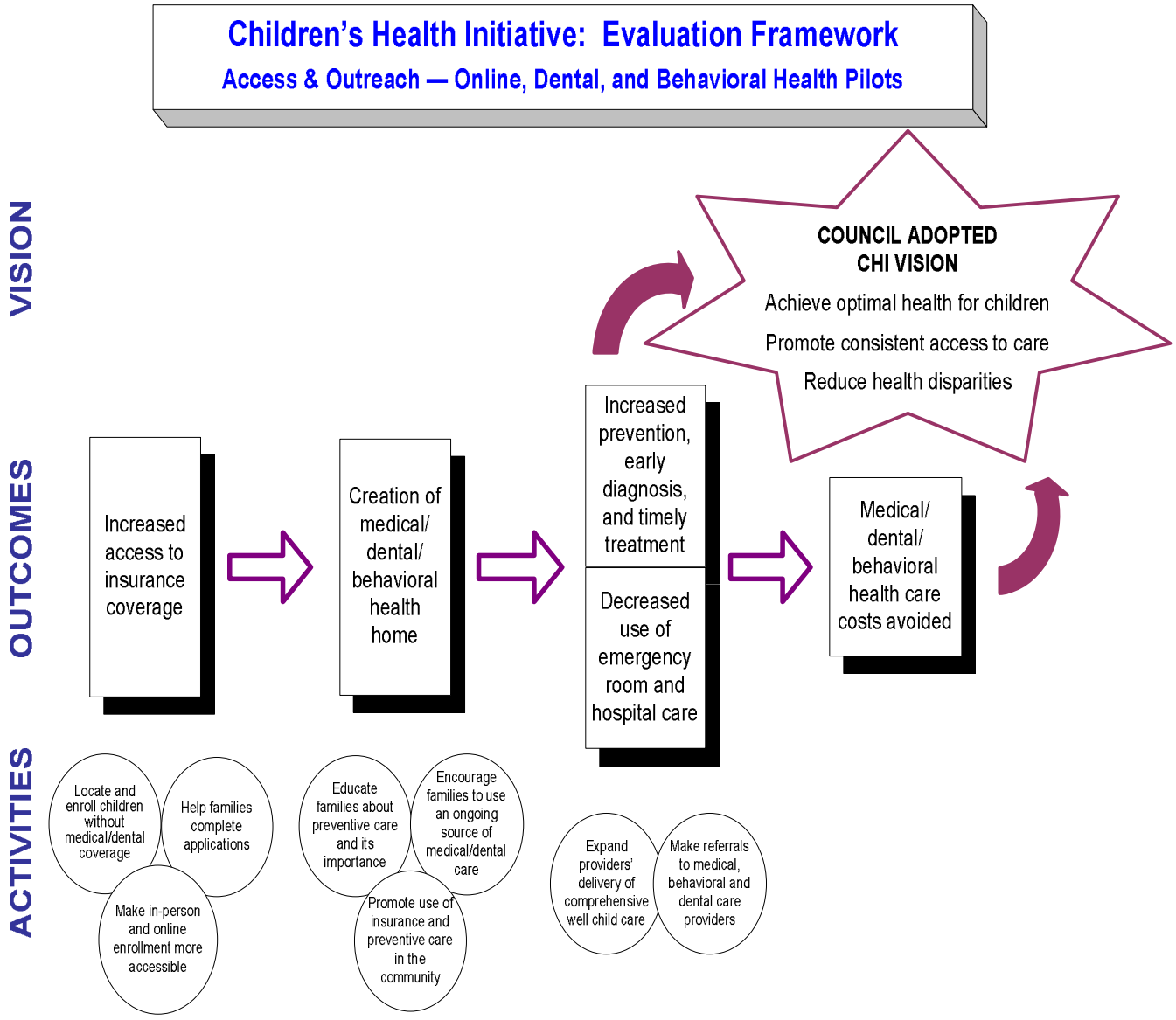
As described in King County Council Motion 12507, each component of the CHI has a specific evaluation plan that guides the assessment of its progress in achieving a defined set of outcomes. CHI staff enlisted the technical expertise of an independent evaluator to assist with the development of the evaluation plans and submitted the plans to the appropriate oversight committee for review and approval (the Access and Outreach Committee for the outreach component and the Health Innovation Implementation Committee for the pilot projects and the advocacy components).

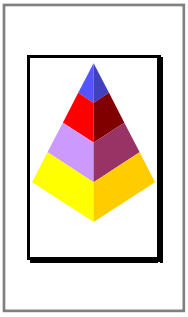
These individual evaluation plans, when integrated, create an overall measurement and evaluation framework that tracks the results for each program component and assesses the impact of the CHI as a whole. The diagram on the following page shows how the different components' program activities, such as locating and enrolling families, contribute to the intended results of the Access and Outreach component (e.g., increased access to insurance coverage and creation of medical homes), while also contributing to the impact of the CHI as a whole (e.g., use of preventive rather than emergency care and avoided costs).

Similarly, the Online Enrollment Pilot Project's activities of developing and providing an online application process for families that will make it easier for them to apply for publicly-funded health insurance supports the achievement of the program's intended outcome of increasing access to insurance coverage. These Online Enrollment activities complement the Access and Outreach efforts in helping low-income families establish a medical home and contribute to the increased use of preventive services, decreased reliance on emergency rooms for care, and avoidance of costly care.

The combination of multiple program component results should ultimately lead to the achievement of the CHI's overarching vision: achieving optimal health for children, promoting consistent access to care, and reducing health disparities.

The CHI has also selected additional measures that will help capture the impacts of the program as a whole in concrete terms expected to be of interest to community members and decision-makers. These additional measures include impacts such as work and school days missed, reductions in preventable hospitalizations, and changes in immunization rates. The full listing of additional impact measures can be found in the last section of this report, under "Looking Forward" on page 46.


Children's Health Initiative: Evaluation Framework
Access & Outreach — Online, Dental, and Behavioral Health Pilots
VISION
COUNCIL ADOPTED CHI VISION
Achieve optimal health for children
Promote consistent access to care
Reduce health disparities
OUTCOMES
Increased access to insurance coverage
Creation of medical/ dental/ behavioral health home
Increased prevention, early diagnosis, and timely treatment
Decreased use of emergency room and hospital care
Medical/ dental/ behavioral health care costs avoided
ACTIVITIES
Locate and enroll children without medical/dental coverage
Help families complete applications
Make in-person and online enrollment more accessible
Educate families about preventive care and its importance
Encourage families to use an ongoing source of medical/dental care
Promote use of insurance and preventive care in the community
Expand providers' delivery of comprehensive well child care
Make referrals to medical, behavioral and dental care providers



ADVOCACY AND ALIGNMENT

Component Purpose

The Children's Health Initiative works in partnership with the State of Washington to increase low-income families' access to publicly-funded health insurance and to improve their access to preventive and primary medical and dental services. One critical element in this partnership involves advocating with federal and state-level elected and appointed officials to achieve passage and implementation of laws that increase the number of families who are eligible for publicly-funded insurance. Passage and implementation of such laws is an essential step in reducing the significant disparities in children's health by race, ethnicity, region, and income in King County and throughout the state.

Recent Accomplishments

During the past year, CHI staff have been working closely with other local advocates through the Health Coalition for Children and Youth (HCCY) to ensure that the state adopts effective implementation strategies for the 2007 Cover All Kids law (SB 5093). HCCY, led by the Children's Alliance and Children's Hospital, is the primary statewide child health advocacy organization. HCCY is focusing on key implementation areas such as the creation of a unified public health insurance program for families, expansion of coverage to 300% FPL, funding for sustainable outreach, continued streamlining of enrollment systems, and implementing medical home and health improvements.

CHI staff have played active leadership roles in HCCY and have contributed their expertise and time to achieving progress on the successful implementation of the Cover All Kids law. For example:

- A CHI staff person co-chairs the HCCY Medical Home committee
- A CHI staff person serves as a member of the joint HCCY–DSHS Outreach Advisory Committee
- CHI staff are active on the committees working on the 300% FPL benefit design and online enrollment – CHI staff have attended more than 30 meetings of these committees and their subcommittees over the past year

CHI staff also found an opportunity to advocate for both continued outreach funding and statewide implementation of linkage activities by joining a subcommittee of the DSHS Outreach Advisory Committee, which is charged with developing a 2008-2009 outreach strategy and budget. CHI staff contributed to the committee's work by sharing lessons learned from the first year and a half of the county-funded CHI program to propose a plan that included:

- Continuation of base or infrastructure grants to county contractors (which had been proposed to end on June 30, 2008) to maintain the momentum of counties' early initiatives and their ability to keep outreach staff active in locations where the community can reliably find them

- Expansion of the per child payment model currently in use by DSHS, adding a per child linkage payment for every child that successfully completes a first visit to a doctor or dentist (this expansion will utilize technology that has been successfully piloted by the CHI through a data share agreement with DSHS)

- Prioritization of the implementation of any automatic or "express lane" enrollment systems that will help local contractors serving the hardest to reach families rather than focusing on the lists of children already engaged in other DSHS programs

The subcommittee agreed to this plan and asked CHI staff to draft and present a statewide outreach budget for 2008-2009 that incorporates these components. DSHS adopted a similar approach, modeled after the plan and budget presented by CHI staff. CHI staff will continue to participate in the development of this model, scheduled for implementation during the next biennium.

A significant accomplishment resulting from the partnership between DSHS and the CHI is the creation of a data share agreement. This agreement is essential to improving access to care, as it allows CHI staff to track and ensure that children who are enrolled actually make it through medical and dental clinic doors. This data share agreement will also provide a useful model to support other local health jurisdictions' efforts to enroll and link children to medical and dental homes. The DSHS Children's Health Improvement System Steering Committee has asked to be informed of the results of this work as they design statewide approaches.

In addition to these activities, CHI staff are participating as members of the HCCY to prioritize the legislative agenda for the 2009-2011 budget and legislative session. The policy and budget decisions under consideration at this session will have a major impact on the implementation of the 2007 Cover All Kids law. For example, one key issue includes:

- Continuation of state funding for outreach – this funding is essential to achieving the goal of covering all kids by 2010. The first 18 months of the CHI access and outreach work, together with lessons learned from previous enrollment campaigns, underscore the importance of advocating for sustainable outreach funding. The CHI effort has shown that continuous outreach activities are necessary to ensure a steady flow of information and assistance to community members.

CHI staff have also discussed a number of important issues with state legislators. For example, CHI staff provided legislators with information about the difficulties posed by new and continuing federal Health and Recovery Services Administration rules regarding Medicaid match and the potential loss of millions of dollars to King County and other local health jurisdictions. The difficulty posed by these rules was also incorporated in the advocacy action plan created by CHI staff, the Children's Alliance, and Voices for America's Children.

In order to address a significant system gap in eligibility for statewide dental coverage that was discovered through the work of the KC Kids Dental Pilot Project, HIIC members have advocated with the state to allow dental wrap-around services for SCHIP-eligible children who have privately funded medical insurance.

The CHI has also bolstered its state-level advocacy efforts by developing additional health indicators to measure the impacts of King County's access and outreach efforts. These measures show the results of the

CHI program in clear and tangible form, such as reduced numbers of school and work days missed and avoidance of preventable hospitalizations. The state steering committee for implementing medical home and health improvements of the Cover All Kids law has requested a presentation on these measures as they become available.

Related Activities Undertaken or Funded by the State

In the year since the Cover All Kids law passed, the state has provided minimal funding to local health jurisdictions and community based agencies in every county to conduct outreach and paid these agencies $75 for every child they enroll from lists of known eligible individuals (those receiving other DSHS benefits). The state also is slowly working to create a new online system to allow electronic enrollment.

Advocacy efforts also resulted in allowing children whose citizenship has not yet been verified to receive coverage, rather than remove them from coverage. In addition, health advocates and state policymakers are placing greater emphasis on the strategies and logistics necessary to assure that newly enrolled children are connected to a regular doctor and dentist and that health promotion be an integral part of outreach efforts.

In July, Washington's governor kicked off a statewide media tour unveiling the newly re-branded children's medical programs – Washington Apple Health For Kids. Seattle was the first stop in this marketing campaign to encourage enrollment of children.

Visibility

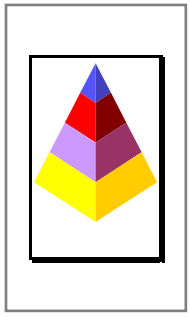
An integral part of any advocacy effort is visibility. "Getting the word out" about the achievements of the CHI and the lessons learned from King County is an ongoing and important part of the advocacy effort. Sharing what's been learned will help guide the adoption of best practices in the statewide expansion of children's health coverage. Examples of this visibility include articles, interviews, presentations, media links, and awards received. (*Some are contained in Appendix E.*)

Challenges

CHI staff have emphasized the importance of and advocated for state funding to implement linkage activities. Currently there are HCCY and DSHS committee structures to guide and focus the implementation of enrollment activities, which is the beginning point of outreach, as well as a payment structure to provide incentives for health improvements within a medical home, which is the end point for the system improvement. However, the CHI continues to actively advocate that the state implement the middle step of linkage efforts, which is to ensure that once children are enrolled in coverage, they actually make a connection with a medical and dental home as stated in the 2007 Cover All Kids law.

Lessons Learned

Results from the CHI have been invaluable in guiding advocacy efforts. The CHI has learned through experience which outreach and enrollment strategies are proving to be most effective, and why supporting the contracting, data sharing, and funding agreements are necessary. This has helped CHI staff work with statewide bodies to prioritize and follow through on the most important goals.



ACCESS AND OUTREACH

Component Purpose

The Children's Health Initiative Access and Outreach Component disseminates messages about the value of early prevention and insurance in many languages, proactively finds, enrolls in publicly-funded health insurance programs, and links eligible low-income children to medical and dental homes, integrated preventive care, and needed wrap around services.

Public Health–Seattle & King County launched four CHI Access and Outreach teams in 2007 to carry out these program activities; in addition, program staff are establishing contact with hard-to-reach immigrant populations through a series of new efforts, including Promotores and Community Partners Outreach Project (CPOP).

The CHI Access and Outreach Component uses a multi-faceted approach. Health educators and community health workers work with outreach staff to increase parents' and community services agency staffs' awareness of the importance of health insurance coverage, medical and dental homes as an ongoing source of care, and preventive care. Supporting parents when they have a concern about their child's development, for example, leads to earlier identification of possible delays at ages when children's health problems are often easier to treat. The premise of this approach is that many children's physical, mental, developmental, and oral health problems can be prevented if they are identified and treated early in life.

In addition to making sure that children are enrolled in health coverage, CHI staff connect children (those being enrolled in insurance and those who have insurance but are not receiving care) to a medical home and a dental home (a regular doctor or dentist). Having a usual source of care makes it more likely children will receive the preventive care they need in a cost effective setting, rather than obtaining expensive and fragmented care at hospital emergency rooms. The CHI focuses equally on successful enrollment, completed linkage to a medical home, and completed linkage to a dental home. Every staff person's work and goals and all contract deliverables are based on the completion of these three elements.

The CHI also focuses on improving children's health status by contracting for care coordinator positions in six safety net clinics. These care coordinators assure that the families coming to their clinics receive comprehensive preventive care. Three of the care coordinator sites have been operational for a year, while the other three began in January 2008. These care coordinators use quality improvement techniques to expand the medical practices' delivery of comprehensive preventive services, remove barriers to care, and ensure children's completion of treatment.

Recent Accomplishments

- Between January and June 2008, PHSKC's CHI outreach staff worked with groups at schools, churches, preschools, daycares, family support centers, and immigrant service agencies to provide more than 3,000 parents of low-income children with culturally appropriate health education and guidance regarding recommended preventive care, health insurance, and linkage to medical and dental homes.

- The recently launched Promotores program (Latino community health workers) replicates successful approaches from the county's Breast and Cervical Health Program. In this model, Spanish speaking community health workers provide health information and assistance in navigating systems to the Latino community, working in the communities where they live. The Promotores program has targeted South King County to increase the number of low-income children enrolled and to raise the visibility of outreach efforts. Since the completion of training on June 1, 2008, the Promotores have assisted 38 children in applying for medical coverage and linked 46 children to medical or dental homes.

- The Community Partners Outreach Project began in November 2007. CPOP targets community agencies and schools that serve children potentially eligible for medical coupons and children who have medical coverage but need assistance with linkage to regular medical and dental care. This effort started in agencies with relationships to immigrant communities and branched out to churches, daycare facilities, and schools. In exchange for receiving small grants from the CHI ($500-$1500) to augment agency events with interpreters, child care, food and incentives, the agencies commit to inviting CHI staff to an on-going or already-scheduled event where the CHI can present information about insurance, medical and dental homes, and preventive care to the audience and assist interested members in accessing these services. In addition, each agency agrees to have one or more of their staff trained in application and linkage assistance in order to serve as a resource for their community and a contact person between the agency and the CHI.

HealthPoint (formerly Community Health Centers of King County) Children's Care Coordinator, Maria Rose, works with the organization's outreach and social service partners in the community as a point of entry into the HealthPoint system for children in need of health care. School nurses, community nurses, community liaisons, and outreach workers contact Maria regarding specific families in need of care. She then assists the families with appointment scheduling and care coordination.

Maria contacts parents and inquires about the date of their child's most recent health care, dental, or eye care exam, coordinates appointments when assistance is required or interpreter services are needed, and arranges for transportation or provides instructions on how to access public transportation. She takes care to ensure that parents are made fully aware of HealthPoint's systems and resources. Maria encourages them to ask questions and connects them to clinic staff as necessary. This personal attention and education better equip families to manage not only their child's health, but also the appointment schedules, fees, and required paperwork.

As part of the CPOP, the CHI has formed partnerships with over 40 agencies and participated in 46 events. More than 3,000 people have attended and received information about health coverage and the importance of regular care. The results are still being tabulated but initial results indicate at least 40 families applied for health coverage and were linked to services after CPOP events. Although the initial numbers are relatively small, they represent some of the hardest to reach communities, as well as partnerships that will continue to refer or enroll and link children in their communities. For example, one family completed an application for coverage after speaking to CHI staff at an event at Neely O'Brien Elementary in the Kent School District. The family did not know that their child was eligible for coverage and had been paying hundreds of dollars in dental bills. CHI staff were able to assist the family in applying for medical coverage and to receive three months retroactive coverage to cover some of the recent dental expenses.

*"**Facilitated referrals** help families to access resources and supports that can promote health and wellness, child development, and intervention to benefit both caregivers and the very young child. The use of facilitated referrals has been identified as a key component of a true medical home."*

The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families, Georgetown University National Technical Assistance Center for Children's Mental Health, 2005

- Another new development has been an agreement with Valley Lab and Radiology, which established a new referral form to allow uninsured children to receive lab and radiology services free of charge while DSHS coverage is pending. This ensures that children are able to obtain medically necessary services that they may otherwise not have received.

- To ensure that the children enrolled are receiving medical and dental care, the CHI has created a data share agreement with the state Department of Social and Health Services (DSHS). This groundbreaking agreement allows CHI staff to obtain DSHS medical and dental utilization data for the children it enrolls. Access to this data enables the CHI to evaluate its success in connecting children to care and to identify and follow-up with families whose children have not yet seen a doctor or dentist. The recent data share agreement allows the CHI to streamline this process by focusing on those children who have not yet seen a doctor and dentist. The data share agreement is also important to the CHI's success. In order to ensure that connections to care do not falter after enrollment in coverage, the CHI focuses equally on successful enrollment, completed linkage to a medical home, and completed linkage to a dental home. Every staff person's work and goals and all contract deliverables are based on the completion of these three elements.

"The care coordinator position allows clinics to reach out to families. In the past, they usually would just wait for families to come in. This makes families realize the clinic is more than just a place to go when someone is sick, which is new to many families in whose culture people go to the doctor only when they are ill. We help the families stay well, not just get better. We help them understand what kids need to stay healthy –good nutrition and good snacks, physical activity, preventive care. We also give families the message that mom has to take care of herself so she can take care of her kids."

Clinic Care Coordinator

This is the first such data sharing agreement of its kind in the state and exemplifies the strong King County–Washington State partnership that has grown around CHI efforts. Further, this agreement may provide a model that leads to a statewide mechanism for ensuring that children are linked to care rather than simply enrolled in health coverage without receiving services.

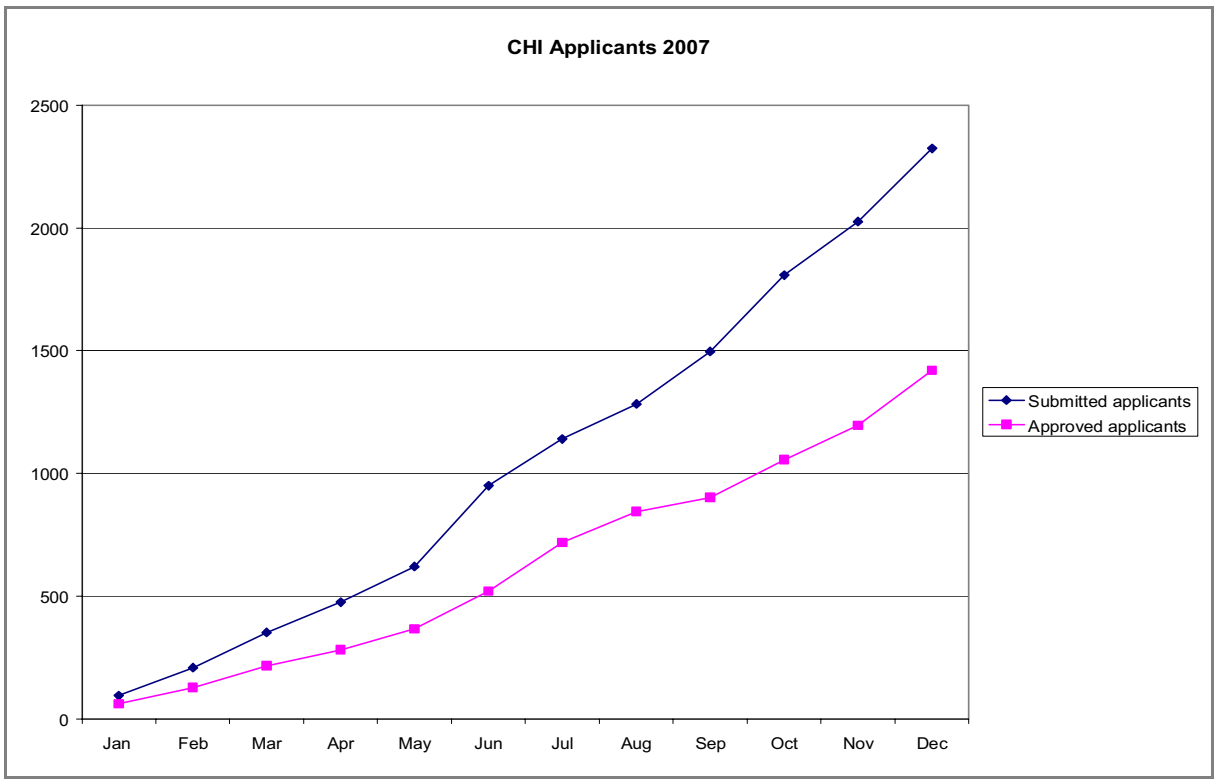
Challenges

The state systems for enrollment and choice of provider have improved over the last few years, but are still complex, silo-ed, and cumbersome, creating obstacles for families and for advocates trying to streamline the system. This forces CHI staff to spend a substantial amount of time advocating for clients at the state level. Efforts to automate these systems are difficult as they involve multiple state agencies.

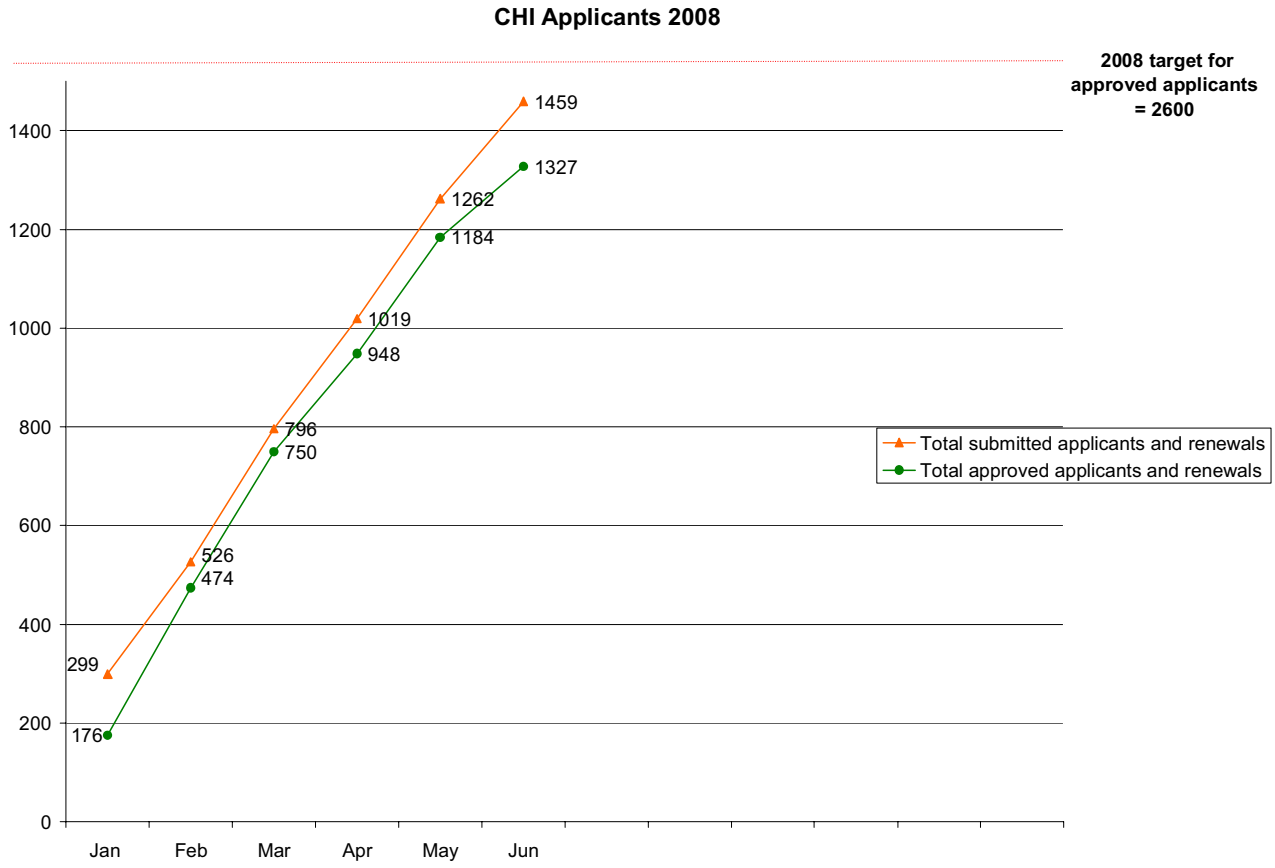
Measurement and Evaluation

☞ Enrollment

CHI Access and Outreach staff were highly productive in 2007 and 2008. The total number of applications submitted through the CHI grew steadily. The program exceeded targets for enrollment in 2007 and is on track to meet the target goal of 2,600 for 2008. From program start in 2007 through June 2008, the CHI enrolled or renewed coverage for over 2,700 children. A significant accomplishment is the growth between 2007 and 2008 in the percentage of submitted applications that were approved, which increased from 61% in 2007 to 94% in 2008. The chart below shows applications submitted and approved during 2007.

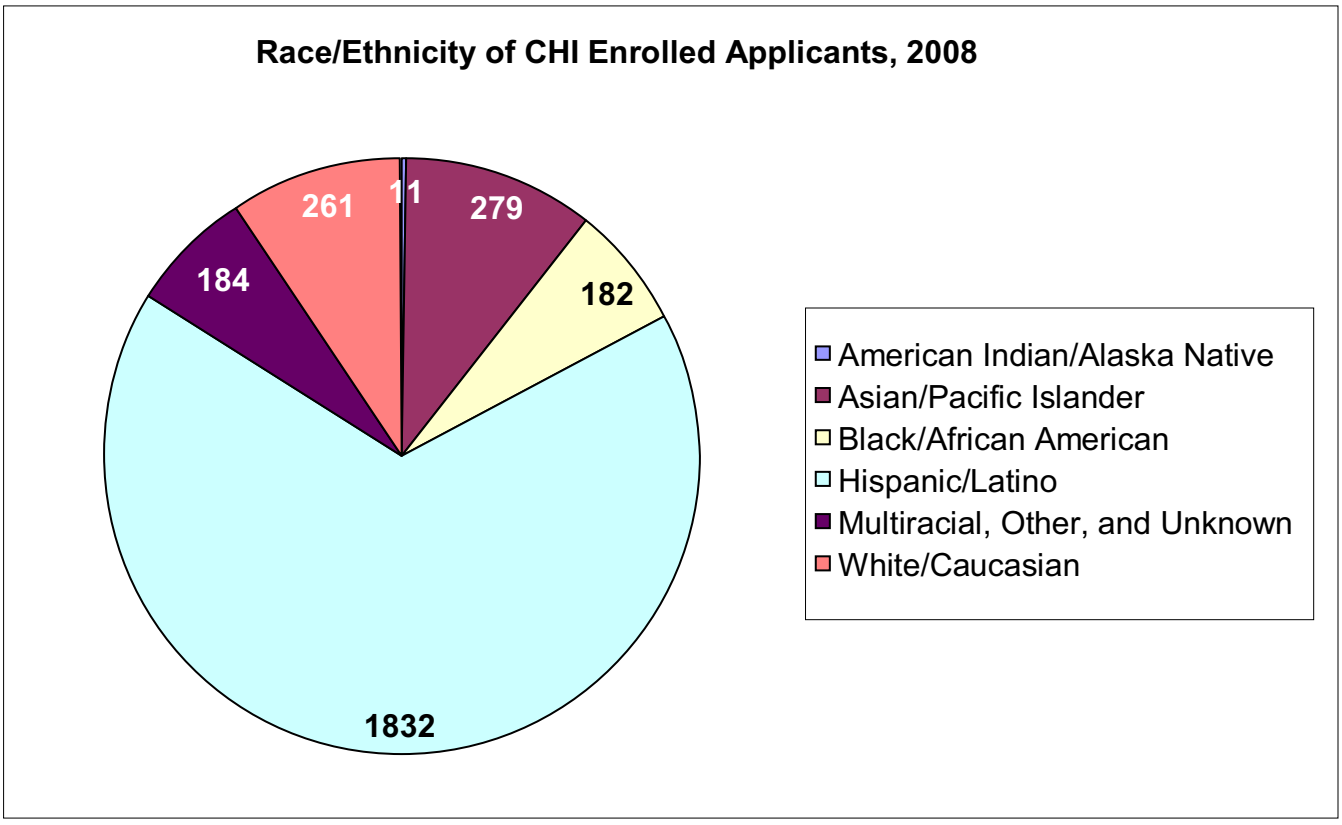


The following chart shows applications, approvals, and renewals between January and June 2008. The Access and Outreach efforts are on track to meet the 2008 goal of enrolling or renewing coverage for 2,600 children.



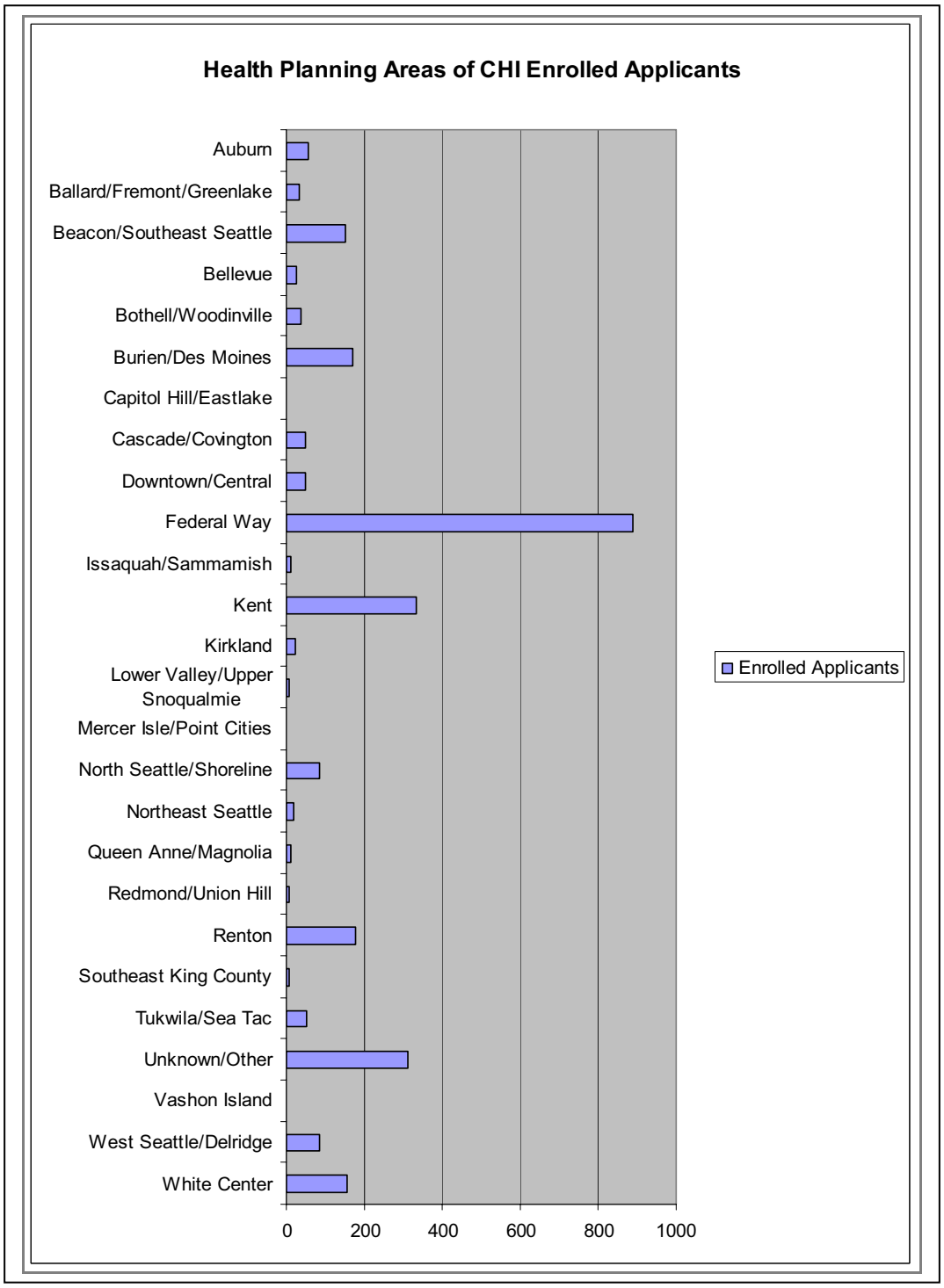
The CHI Access and Outreach component's efforts are targeted towards ethnic and geographic communities with the least access to care. Data on the race and ethnicity of applicants enrolled in coverage through the CHI suggest that the initiative's outreach efforts have been effective in enrolling diverse communities. Three quarters of the children enrolled were eligible before the state expanded benefits in July of 2007, thus showing that these increases are due to extensive outreach efforts. CHI staff were particularly successful in reaching Latino children and families, who represented more than 60% of all enrolled applicants. This success has been achieved through:

- Hiring bi-lingual, bi-cultural staff
- Establishing sites such as the Federal Way walk-in clinic, where Latino families have trusted relationships with helpful staff who are available on a regular basis
- Contracting with community agencies to meet with parents one-on-one to speak with them in their own languages, including Russian, Somali, Tigrigna, and Amharic
- Working with agencies as part of the Infant Mortality Prevention Network to target high risk African American, Latino, and Native American pregnant women
- Contracting with community providers to target the Asian/Pacific Islander community

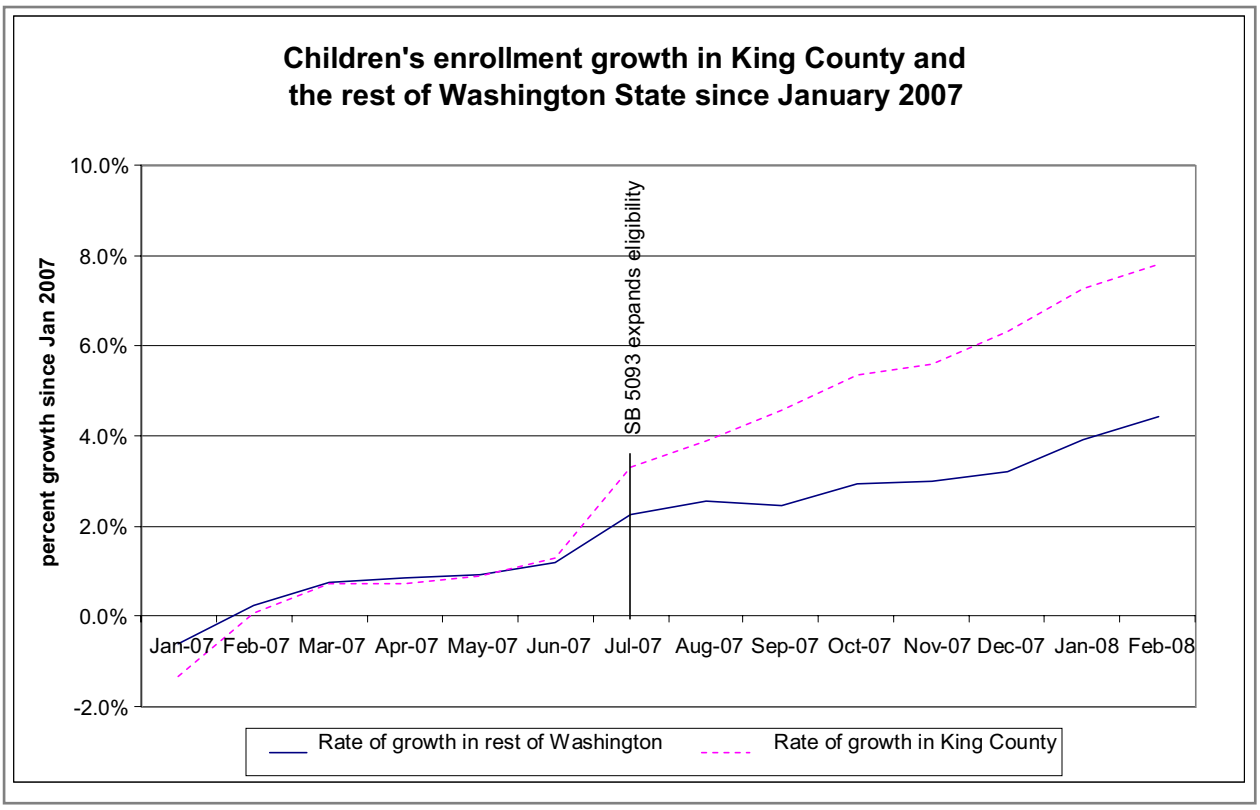


Note: Viewed in grey-scale, American Indian/Alaska Native is at 12 o'clock, the others follow clockwise.

The chart below displays the distribution by health planning area of enrolled children from January 2007 through June 2008. The zip codes for children enrolled through the CHI indicate that children throughout King County obtained health coverage through the program. Federal Way was the most common area for enrolled children, followed by Kent, Renton, Burien/Des Moines, White Center, and Beacon/South Seattle.



The CHI's efforts to enroll children have placed King County's program in the lead throughout the state. The graph below compares the rate of growth in children's enrollment each month for King County, as compared to the rest of the state. In 2006, King County and state children's enrollment rates were nearly identical. As of February 2008, King County's rate of growth was 3.3 percentage points higher than the rest of the state (7.8% growth compared to 4.5% since January 2007).



☞ Medical and Dental Homes

After enrollment, the next step is for children to establish a medical and dental home that will provide them with a regular source of care. Data from the first two quarters of 2007 indicate percentages of enrolled children with medical homes at 81% for the first quarter and 83% for the second quarter. Data for dental homes show 49% for the first quarter and 49% for the second quarter. Data past June 2007 is unavailable due to the delay of up to one year in reporting from DSHS systems. As the DSHS data become available, it is likely that 2008 rates of medical and dental homes will be at least as high as 2007.

> *"A family came in with a boy who had had tooth pain for months. The mother had been using home remedies as she had given up on getting Medicaid. She'd been trying for a year to get coverage and just couldn't make it happen. I got them approved for medical coupons within a day, seen by the SE Dental Clinic the following day, and all the other children in the family covered for medical care as well."*
>
> Application Worker

The distribution of CHI-enrolled children with medical and dental homes by race/ethnicity and by area is similar to overall patterns for all enrolled children. Like all enrolled children, more than half of enrolled children with medical homes are Latino, and the most common area for enrolled children with a medical home is Federal Way.

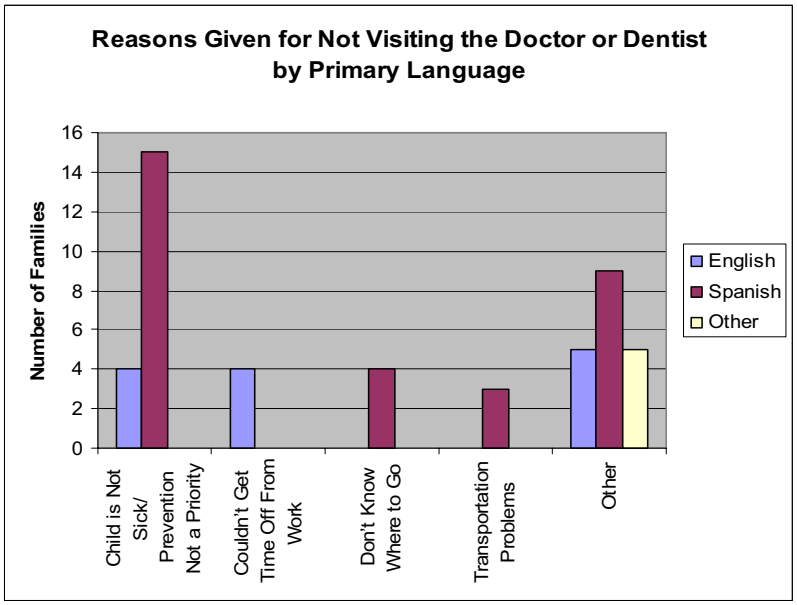
> *"A **medical home** is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective."*
>
> Massachusetts General Hospital
> Children's Center for Child and
> Adolescent Health Policy

In addition to the program data cited above, a series of phone interviews were conducted to investigate whether families were able to link to medical and dental homes after enrollment and to identify any barriers that could be mitigated. The phone interviews contacted a total of 277 families with children enrolled through the CHI between January 1 and June 30, 2007. The families lived throughout King County and spoke four languages: English, Russian, Spanish, and Vietnamese.

Respondents from the phone interviews reported high percentages of enrolled children that established a medical or dental home. Seventy percent of the children in the interviewed families had completed a doctor's appointment since enrollment in health coverage. Another 10% had doctor's appointments scheduled, but not yet completed, while 20% had not been to a doctor and did not have an appointment scheduled. Just under half (49%) of the children in interviewed families had been to the dentist since enrollment, while another 5% had appointments scheduled.

Many of the children's visits were for preventive care. Of all the children (with completed appointments and with scheduled appointments) 54% had a check-up, 41% had shots, 31% went because they were sick, and 7% reported seeing the doctor for other reasons. Similarly, most of the children's dental visits were for preventive care, with 80% attending an appointment for check up or cleaning.

For the children in interviewed families who did not visit a doctor or dentist after enrollment, the reasons they reported varied. For primarily English-speaking families, the most frequent reasons were that the child was not sick/prevention is not a priority or the inability to get time off from work. Time off from work was less frequently reported by Spanish-speaking families, but the child was not sick/prevention is not a priority, not knowing where to go, and transportation problems were reported by families from all language groups.



☞ Progress Toward 2008 Objectives

The Access and Outreach component is in the second year of tracking its performance on a set of objectives. Each objective has a specific measure that enables program staff to quantify performance on the objective. The table below summarizes the Access and Outreach component's progress in meeting its 2008 objectives.

2008 Objectives	Key Measures	Accomplished in 2007	Accomplished Jan-June 2008	Percent of 2008 Goal Reached (as of June)
Enroll **2,600** children in public insurance programs (Medicaid, SCHIP, BHP, and Children's Health Program)	Number of accepted applications or renewals for Medicaid, SCHIP, CHP, and BHP for children under 19	**1,420**	**1,327**	**51%**
Increase by **2,000** the number of community agency staff who are "wise watchers"; possessing the knowledge and tools to perform ongoing physical, oral, developmental, and mental health surveillance of the children in their programs and encouraging families	Number of staff trained	**2,783**	**2,139**	**107%**
Provide **1,500** parents of low-income children, especially in isolated immigrant groups, with culturally appropriate health education and guidance regarding recommended preventive care, health insurance, and linkage to medical and dental homes	Number of parents or caregivers trained	**4,831**	**3,063**	**204%**
Provide **1,200** low-income children, especially in isolated immigrant groups, with culturally appropriate health education and guidance regarding oral health and, for teens, general preventive care	Number of children receiving preventive health education	**104**	**2,080**	**173%**
Establish medical homes for **1,500** children	% of children enrolled by CHI Jan-June 07 completing 1 or more medical visits	**82%**	Data on medical and dental homes, defined as clients that have completed an appointment within one year of enrollment, will not be available for 2008 clients until 2009	
Establish dental homes for **1,000** children	% of children enrolled by CHI Jan-June 07 completing 1 or more dental visits	**49%**		

☞ **Safety Net Clinics**

In the future, CHI staff will be able to measure changes in immunization rates, oral health visits, and well-child checks for children enrolled by CHI. However, since data on outcomes in these areas are not yet available for children enrolled by the CHI, data from the safety net clinics with CHI care coordinators provide some useful reference points about possible impacts. (These clinic data include but are not exclusively composed of CHI-enrolled children.)

Data from the clinics on changes in immunization rates and early preventive care are quite strong for the time periods that the care coordinators have been in operation. The clinics showed increases in children receiving preventive dental and medical care, particularly in key prevention areas that have been shown to reduce long-term costs. For example, Sea Mar Community Health Center reported that its rates of children who are up-to-date on immunizations increased from 49% (April 2006 to March 2007) to 88% (October 2007 to March 2008). HealthPoint reported that its up-to-date immunization rates for children increased from 51% (2006) to 66% (October 2007 to March 2008).

Valley Family Medicine (VFM) also reported a substantial increase in children with a first oral health visit by age one, from 43% (August 2006 to July 2007) to 86% (January to March 2008). Children with early dental visits incur fewer subsequent dental costs. The age at the first preventive dental visit has been shown to have a significantly positive effect on dental-related expenditures. For example, one study indicated that children who received their first preventive visit before age one incurred a cumulative cost of $242 over the five years of the study. For those children who obtained their first preventive care between the ages of four and five, the cumulative cost totaled $546 (Savage, Pediatrics, 2004).

In addition, VFM reported an increase among children birth to five who received fluoride applications, from 45% (August 2006 to July 2007) to 87% (January to March 2008). The Centers for Disease Control and Prevention Fluoride have shown fluoride applications to be cost effective, reducing caries by 38%. Hospital treatment for advanced caries can cost $4,500 per child. In contrast, the cost of three fluoride varnish applications per year per child is approximately $40. A Washington Dental Service Foundation analysis shows potential savings of roughly $1.5M statewide if fluoride varnishes are applied during well-child visits for children ages under five rather than waiting to pay to fill the cavities that occur without this preventive treatment.

Lessons Learned

Overall, results from the Access and Outreach component are strong. It is on target to meet or exceed all of its 2008 objectives. It is also piloting a number of new small efforts to determine best practices in outreach and enrollment of diverse and hard to reach communities.

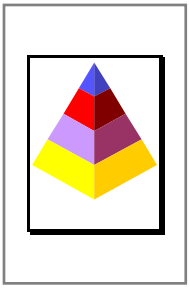
CHI staff have found that when the rate of those without insurance in a community is relatively low, the remaining families are harder to find and require more effort to enroll and link to care. This may be true because these families are often uninsured for reasons beyond lack of knowledge about eligibility, such as concern about immigration status, language barriers, the stigma of public assistance, and the barriers complex enrollment procedures create.

"I was invited to a church to give a presentation about the outreach program. When I showed up, there were only men. They were from Mexico, an indigenous group who had had their land taken away from them and had been mistreated by their government. They only trusted their peers. I talked about a number of topics, including women's health and children's preventive care. It was tense. I am a woman, and although I'm Mexican, I don't speak their language and was not from their tribe. There was no reaction to my presentation. No response to my jokes. No questions. The leader called me the next day and invited me to speak again, so I went. This time there were all women. The men had to first approve before the women could take part. Again, I got no immediate response from the women, but now they are my primary clients and call me directly. It took a year and a half, and persistence, but I developed the relationships and the trust. I'm seen as part of the community now. And because of this relationship, the new Promotores *program (Latino Community Health Workers) includes two workers from this tribe. This is so important because the language barriers are very significant for groups that only speak indigenous languages."*

Application Worker

With its success in drawing on community agencies to reach children and families at schools, churches and other community venues, the CHI has also found that it is more effective to utilize community members to creatively target hard-to-find children rather than trying to locate them through established data sources, such as lists of children who are receiving assistance through other DSHS programs. Contact information on these lists is often outdated due to the transience of the population and the quality of the data.

Additionally, strong improvements at the community health centers suggest that adding care coordinators to typically under-resourced safety net clinics can improve access to preventive care for children. This extra resource is necessary to help clinics focus on systematically improving preventive care within a health care system that often centers around episodic acute visits.



HEALTH INNOVATION PILOT PROJECTS

Online Enrollment Pilot Project

Project Purpose

The Online Enrollment Pilot Project will help families in King County use web-based processes to apply for public health insurance coverage, become enrolled in coverage for which they are eligible, monitor their enrollment status to avoid gaps in coverage, and obtain linkages to services they need. Currently, paper application and enrollment processes create barriers for many low-income families, preventing them from accessing health insurance coverage and seeking care.

The implementation of an online enrollment system will enable parents to determine if they are eligible for health insurance and to complete the entire application process electronically. Electronic applications will be more easily entered into the state data system without having to be manually entered.

In addition, the program plans eventually to take this a step further. A long-term goal of the pilot project is to use the web to connect families to a health plan, physician, and dentist as part of the enrollment process. By giving parents the opportunity to select a health plan and provider and to schedule a first visit, it decreases the amount of follow-up needed to actually link children to services. The time and confusion associated with the need for multiple phone calls to both outreach workers and doctor's offices or clinics is a major barrier to the use of health care services even after the child is enrolled in health insurance. Decreasing the extra steps will increase the likelihood that parents will take their child to the doctor. Another longer-term improvement to be explored is allowing families to recertify for insurance coverage over the web, in order to reduce the number of those who lose coverage during the recertification process. Allowing recertification online will increase the likelihood that children will remain enrolled without gaps of coverage.

In order to transform the application and enrollment processes for low-income families, the Online Enrollment Pilot Project is working with WithinReach, a nonprofit King County outreach organization formerly known as Healthy Mothers, Healthy Babies. Specifically, the staff are working with WithinReach's existing online application to accomplish three strategies:

1. Design and implementation of **electronic submission** of applications through an e-submission pilot with a technical and policy development approach

2. **Design and implementation of a "super user" version** of ParentHelp123.org that application workers and other outreach staff can use with families to rapidly fill out an application for benefits

3. Provision of input to the DSHS Economic Services Administration's (ESA) Online Application workgroups and other stakeholders to provide input to the state **Online CSO Application** by serving on the Business Requirements committee

Within Reach's ParentHelp123 is a user-friendly website that screens clients for eligibility in food and health insurance programs, and helps parents fill out the application forms. To date, 11,000 people have been

screened for program eligibility using ParentHelp123 and families have completed over 2,000 program applications.

Several other states, including Pennsylvania's Commonwealth of Pennsylvania's Access to Social Services (COMPASS), have eligibility screening tools. Like ParentHelp123, COMPASS then prompts the parent to select which of the eligible programs they wish to apply for, and simultaneously enters all relevant information into the various applications, eliminating the need for the parent to fill out multiple forms. Both California's Health-e-App and Georgia's online enrollment system also offer online applications that parents may sign and submit electronically. All the information is transferred to and stored in an automated "back-end" without requiring excess or redundant data entry by staff. Georgia's system also allows parents to self-declare their income and does not require extra verification documents to be submitted.

Recent Accomplishments

- Staff from WithinReach, White Lotus Design, and PHSKC visited The Center to Promote Healthcare Access in Sacramento to meet with "One-e-app" staff to learn about California's online enrollment system. The site visit consisted of a tour of the data center, demonstration of One-e-app, and discussion about One-e-app's history, business model, and similar state programs in Arizona and Indiana. The site visit provided many ideas and insights to guide ParentHelp123's work on King County's online enrollment initiative. The knowledge and advice obtained from the One-e-App staff will be extremely useful as the partner agencies in Washington State move forward with system enhancements. Staff in Washington will continue to stay in touch with One-e-App staff as they continue to make progress.

- WithinReach has been working in partnership with the State of Washington to make online enrollment possible. This includes continued participation in the Online Services Application Project (OSAP) business requirements workgroup and the OSAP Steering Committee, where at a recent June meeting, DSHS demonstrated its website progress to-date. WithinReach and ParentHelp123 have also begun conversations and met with OSAP web developers regarding the technical requirements necessary to create a secure electronic link between the state and ParentHelp123. They have also been communicating about the estimated timeline for the project and for release of technical specifications. This work will occur within the second phase of DSHS's work, with the necessary technical requirements projected for spring 2009.

- WithinReach is working on the next step in helping families submit their applications via ParentHelp123. As an interim step towards "true" electronic submission, WithinReach is developing an option to print and send applications generated on ParentHelp123 and also to increase electronic communications with ParentHelp123 users.

- To support this work, the WithinReach Call Center is conducting a pilot project to follow up with Basic Food applicants to help them complete the application process. This pilot will also help to inform ParentHelp123's development of a wholly online application process.

- The Puget Sound Business Journal featured the online enrollment pilot in its May 16, 2008 edition, which highlighted the pilot's efforts to capitalize on frequent use of the internet among low-income families. As the article pointed out, evidence shows that many low-income families have access to the internet, which makes internet-based strategies useful for improving

access to health care. Online enrollment is particularly important for parents whose work during the day makes it difficult for them to access local community service offices and other places that might require travel, transportation, child care, and time off from work.

Challenges

Washington State is currently working to improve its own online application tool through OSAP Online CSO improvements. The new system will allow WithinReach to send electronic data directly to the state. However, the timeline creates some challenges for the Online Enrollment Pilot Project. The anticipated launch of the state's new system has been postponed to late 2008–early 2009. Creating an electronic link with ParentHelp123 is not included in the first phase of the state's project but is anticipated during the second phase of work in spring 2009. Continuing efforts to engage state partners in addressing needed policy changes to facilitate online enrollment will be necessary.

In order to maintain progress, WithinReach is considering phasing in electronic submission incrementally. Technologies such as faxing, e-faxing, and email communication could allow WithinReach to send applications to the state more efficiently and would allow for "paperless" processing of client information. However, the usefulness of these current technologies requires further analysis based on which technologies are used by the state and outside agencies, and how WithinReach would access them.

Measurement and Evaluation

Data will not be available until the online enrollment system improvements are up and running. This should occur after the state launches the second phase of its online application improvements in spring 2009.

However, findings from phone interviews conducted during August 2007 to evaluate the effectiveness of the Access and Outreach component suggested that online enrollment and renewal strategies would be welcomed by many of the families that enrolled in the CHI, affirming the pilot project's belief that online enrollment would increase ease of access for families. Of the families interviewed during this interview process, 41% reported that they had access to the internet. Among families with internet access, 92% indicated that they would renew or register for health insurance online.

Lessons Learned

Although the Online Enrollment Pilot Project is in the very early stages of implementation, a few initial findings have surfaced. For example, the Call Center Basic Food pilot project uncovered issues surrounding the routing of applications, as well as potential issues with the tools that are available to help outreach agencies connect families to state programs. In order to ensure that applications are sent to the appropriate location, WithinReach plans to explore the possibility of sending applications to a central hub, which would require relationship-building with these potential locations.

The Sacramento site visit with The Center to Promote Healthcare Access and One-e-app offered staff a great deal of information that will be valuable as ParentHelp123 matures and evolves. WithinReach and the Washington State partners will be able to use the knowledge and technical advice they obtained as they go forward with system developments.

Behavioral Health Integration Pilot Project

Project Purpose

The Behavioral Health Integration Pilot Project provides family-centered mental health treatment based in primary care, using funds from two sources with complementary purposes. The King County Veterans and Human Services Levy provides funds to address maternal depression through integrated behavioral health services in maternity support programs and at safety net primary care clinics in King County. Complementary CHI funding supports screening and integrated mental health treatment for low-income children receiving care at safety net clinics.

Recent data reveal the following trends related to children's mental health:

- Mental disorders gain the strongest foothold in youth: 50% of all cases start by age 14; 75% by age 24.[1]
- Results from a recent study indicate that preschoolers have a much higher rate of expulsion than K-12 students. About 8% of all preschoolers exhibit behavioral problems severe enough to warrant a psychiatric diagnosis. Behavioral problems in preschoolers have been associated with later behavioral problems and poorer peer social standings during kindergarten, as well as decreased educational achievement test scores in kindergarten.[2]
- Washington State data reveal that more children are being treated in hospitals for mental illnesses than for injuries.[3]
- Behavioral and emotional problems are one and a half to two times more frequent in households with lower family incomes headed by a single parent, where a parent is unemployed, or where the parent(s) did not graduate from high school.[4]
- One in five children and adolescents experience the signs and symptoms of a DSM-IV mental disorder during the course of a year.[5]
- Fewer than 20% – 1,200,000 of the roughly 7,000,000 children with mental disorders in the United States ever get professional treatment.[6]
- Emotional problems in children often are both serious and long lasting, and can lead to tragic consequences: poor academic achievement, failure to complete high school, substance abuse, involvement with the correctional system, lack of vocational success, inability to live independently, health problems, and suicide.[7]

[1] National Comorbidity Survey Replication (NCS-R) taken every 10 years
[2] *Preschool and Child Care Expulsion and Suspension Rates and Predictors in One State*, Walter S. Gilliam, PhD; Golan Shahar, PhD, Infants and Young Children, Vol 19, No. 3, pp. 228-245, 2006
[3] Kids Count Study, University of Washington, Fall 2001
[4] Kids County Study. University of Washington. Fall 2001
[5] 1999 *Mental Health: A Report of the Surgeon General*
[6] According to the National Institute of Mental Health , McCredie, Scott. "When a child is mentally troubled: Warning signs help parents know when to seek, help." *Seattle Times.* September 18, 2002
[7] President's New Freedom Commission on Mental Health, Children and Families Subcommittee Summary Report, February 5, 2003

- Youngsters with emotional problems not only have diagnosable disorders but also show significant impairments in important life domains, such as family, education, peers, work, and community.[7]
- A disproportionate number of low-income children experience emotional problems, and a disproportionate number of low-income and racial and ethnic minority children do not access services for their emotional problems.[8]
- Youth with emotional problems are invariably involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health; but no agency or system is clearly responsible or accountable for them.[8]

Strategies for early recognition and intervention to prevent and treat mental and developmental disorders in children are desperately needed. While trends show increasing numbers of younger children requiring mental health services, primary care physicians are not well versed in what to screen for, where and when to refer, and what interventions can be helpful at a primary care visit. In addition, there is a general lack of knowledge about early recognition of problems associated with children's social and emotional development among parents (particularly from lower income families). Because of these missed opportunities (the average child sees a doctor 15-20 times before starting kindergarten), early developmental, emotional, and behavioral disorders are not detected, resulting in delayed treatment and potentially higher health care costs.

In 2007, the Washington State legislature took action to improve children's mental health. The legislative intent statement for children's mental health services was revised to place an emphasis on early identification, intervention, and prevention with a greater reliance on evidence-based and promising practices. The expressed goal of the legislature is to create, by 2012, a children's mental health system with the following elements:

- A continuum of services from early identification and intervention through crisis intervention, including peer support and parent mentoring services
- Equity in access to services
- Developmentally appropriate, high-quality, and culturally competent services
- Treatment of children within the context of their families and other supports
- A sufficient supply of qualified and culturally competent providers to respond to children from families whose primary language is not English
- Use of developmentally appropriate evidence-based and research-based practices, and integrated and flexible services to meet the needs of children at-risk

The Behavioral Health Integration Pilot Project will lead the way in making the types of changes in children's mental health called for by the Washington State legislature. By implementing a variety of behavioral health integration methods in different primary care settings, the project will generate critical data to assist state and local policymakers in designing and implementing effective behavioral health programs for low-income children and families. To this end, the goals of the project are to:

- Improve access to depression screening for diverse, low-income mothers and their children

[8]President's New Freedom Commission on Mental Health, Children and Families Subcommittee Summary Report, February 5, 2003.

- Improve mental health status and functioning of at-risk mothers and their children
- Improve primary care capacity to reduce risk, address early symptoms of depression, and treat mental health issues

Program strategies for maternal and child behavioral health pilot projects focus on:

- Educating women about maternal depression, particularly by better incorporating health promotion strategies into maternity support programs
- Increasing the availability of peer support for women who are at risk of or experiencing depression and other mood disorders in order to promote interpersonal support as an effective and efficient mechanism to expand social support networks
- Implementing screening of mothers and children in both maternity support programs and primary care settings
- Integrating behavioral health treatment into primary care settings that are already serving pregnant and parenting women and their children

> *"The context of family and the relationship between parents and child are critical to a child's healthy development. The young child's well being is dependent on the well-being of his or her caregivers.* ***Family-centered care*** *supports the whole family by engaging parents as partners in their child's care, recognizing their strengths and role as decision makers, and empowering them to care for and support themselves and their child."*
>
> *The Best Beginning: Partnerships Between Primary Health Care and Mental and Substance Abuse Services for Young Children and Their Families,* Georgetown University National Technical Assistance Center for Children's Mental Health, 2005

Recent Accomplishments

In April 2008, King County awarded maternity support project funding to 10 clinics to pilot interventions to better support pregnant and parenting low-income mothers and their children aged birth to 12. The clinics obtained these funds through a competitive RFP process and had contracts in place as of May 1, 2008. Staff training is occurring throughout the summer of 2008. The web-based registry and tracking system (MHITS) will be implemented by early September, earlier than previously expected. Both Maternal Support Services and primary care providers will have access to MHITS.

The evidence-based pilot project and sponsoring organizations are summarized below:

- HealthPoint will provide pilot services in its Auburn and Federal Way clinics to serve women and children from throughout South King County. These services for mothers and children will enhance an already well-established behavioral health program.
- Country Doctor Community Health Centers will build upon its successful maternity support and behavioral health programs, offering enhanced services for mothers and children at its Carolyn Downs and Country Doctor clinics. Peer support groups will be offered in Spanish and English.
- International Community Health Services' (ICHS) Holly Park and International District clinics will provide culturally appropriate, in-language services to Asian American, Native Hawaiian, and other Pacific Islander mothers and children. In addition to peer support groups for mothers, ICHS will offer groups and classes to support fathers.

- Puget Sound Neighborhood Health Centers (PSNHC) will serve diverse mother and child populations at the Greenwood and 45th Street clinics with an additional bilingual, bicultural community health worker for their maternity support program. This worker will serve as a cultural bridge for PSNHC's Latina clients.
- Sea Mar Community Health Centers will pilot a Comadre (literally, "co-mother") facilitation and treatment model to assist women in engaging in peer support and mental health services. Many in Sea Mar's Latina Spanish-speaking population are recent immigrants who are at increased risk for depression. New services will be offered initially at the Burien clinic and expand to additional sites.
- Valley Cities Counseling and Consultation will provide psychiatric consultation services to all of the primary care sites sponsoring pilot projects.

> *"Culturally and linguistically competent health and behavioral health care services in primary care settings can help ensure access to, engagement in, and timely intervention for young children and their families."*
>
> Hepburn, 2004

Challenges

Many of the challenges that the Behavioral Health Integration Pilot Project faces relate to the wide extent and difficulty of engagement that maternal depression can present. Maternal depression affects one out of every six low-income mothers and, if left untreated, can harm children's health and development. Low-income mothers are sometimes very difficult to engage in treatment and support strategies. They are more likely to bring their children to be seen in community health centers and other safety net clinics than to seek help on their own behalf. This is why the pilot focuses on a wide range of screening, outreach, education, and engagement strategies.

Funding is also a key challenge in improving mental health care for low-income mothers. Low-income mothers have Medicaid coverage only during pregnancy and for a short period after delivery. This makes funding for treatment strategies, including access to appropriate medications, much more challenging.

Measurement and Evaluation

The Behavioral Health Integration Pilot Project established a collective set of goals for 2008. These goals aggregate the intended results for all of the pilot projects. Because the provider contracts became effective May 1, 2008, results are not yet available for the clinic measures. The 2008 service delivery goals and intended volumes for each goal appear in the table below.

2008 Service Delivery Goals	Sept 2008	Dec 2008
Number of pregnant and parenting low income women periodically screened for depression and/or chemical dependency (MH/CD) in maternity support programs (or other early parenting support programs)	424	848
Number of pregnant and parenting low income women screened periodically for MH/CD in prenatal care, other primary care, and/or well child care	2,520	5,015
Number of pregnant and parenting low income women attending peer support groups or receiving similar early interventions that increase interpersonal support	107	213
Number of children age 0-12 screened periodically for MH issues in coordination with well child care or other primary care visits	1,994	3,988

The specific performance measures for each of the Behavioral Health Integration Pilot Project's intended outcomes appear in the table below.

Outcomes	Performance Measures
Improve access to depression screening for mothers and their children	Clients screened periodically through *First Steps* and other maternity support programs, and in primary care during prenatal and well child care visits: ▪ # (%) moms ▪ # (%) children 0-12 years
Improve mental health status and functioning of at-risk moms and their children	Results of clients' periodic screening over time: For adults: ▪ Edinburgh Prenatal Depression Scale or PHQ-9 ▪ GAD-7 (anxiety) ▪ GAIN (chemical or alcohol abuse) For children: ▪ Pediatric Symptom Checklist – 17 or 35 Major mental health and medical diagnoses of clients
Improve capacity to reduce risk and address early symptoms of depression	# (%)Adult clients attending peer support groups or receiving other early intervention strategies during pregnancy or early in parenting years (0-3 years)
Improve primary care capacity to treat mental health issues	# (%)Clients receiving treatment and follow-up through integrated behavioral health programs ▪ # (%) moms ▪ # (%) children 0-12 years
Assure access to interventions for diverse pregnant women, mothers, and their children	Demographic profile of clients served in pilot projects: ▪ Race / Ethnicity ▪ Residence ▪ Age ▪ Insurance status ▪ Housing status

Lessons Learned

While it is too early to draw any conclusions on the Behavioral Health Integration Pilot Project, strong early response from providers to the RFP for pilot projects suggests high interest in increasing support for pregnant and parenting low-income mothers and their children. Further, the ethnic, language, and geographic diversity the providers represent and the range of service delivery models they offer promise a strong response to the needs of low-income women and children throughout King County. As the pilot projects begin to report on their performance and client outcomes, the Behavioral Health Integration Pilot Project will be able to provide information on the types of strategies that prove successful.

KC Kids Dental Pilot Project

Project Purpose

The Oral Health Pilot Project, known as the KC Kids Dental Pilot Project, serves as a demonstration for a program Washington State will launch in January 2009. This state program will extend medical and dental coverage to children between 250% and 300% of the FPL pursuant to a new law signed by Governor Gregoire in March 2007 (a family of four earns between $4,417 and $5,301 per month at this level). Effective January 2009, the new law will raise the upper end of eligibility for children's medical and dental coverage from 250% to 300% FPL.

The KC Kids Dental Pilot Project focuses on identifying the estimated 1,000 children in King County who fall between 250% and 300% FPL, enrolling them in the program, and linking them to services. Washington Dental Service (WDS) has allocated resources to develop, market, administer, and evaluate this countywide dental program. A key component of the effort involves accessing 950 WDS providers throughout King County to participate in providing services to children enrolled in the KC Kids program. WDS offers a streamlined system for processing claims and reimburses providers for the care they deliver. WDS has been identifying and enrolling eligible children in the program since January 2008.

Recent Accomplishments

The KC Kids Dental Pilot Project has made substantial progress in its first year of implementation, including:

- The development and launch of the KC Kids Dental Pilot Project website which a family can use to access information about the program and download an application form. The website has registered 10,000 hits since its creation in early 2008
- Extensive outreach activities have provided KC Kids Dental Pilot Project information to school districts in King County, hundreds of child care providers, community agencies, and radio and television stations
- As of June 2008 there are 495 children enrolled in the KC Kids Dental Pilot Project, representing nearly half of the total estimated children in King County between 250%–300% FPL

The KC Kids Dental Pilot Project staff at WDS have worked with PHSKC staff to inform the community about the program. For example:

- CHI Access and Outreach teams disseminate information about the program widely through their outreach and education activities
- 15 PHSKC nurses who routinely visit child care centers in King County distribute flyers about the KC Kids Dental Pilot Project
- PHSKC staff connected to the Seattle school-based health program are provided with program information
- PHSKC website links to the KC Kids Dental Pilot Project website

- WithinReach's ParentHelp123 and KC Kids Dental Pilot Project have reciprocal links on their websites
- City of Seattle Department of Human Services disseminates KC Kids Dental Pilot Project information through its network
- Child Care Resources widely distributes program information to networks of child care providers and parents
- For the summer, inserts about the program will go out to an estimated 300,000 subscribers to Sound Publishing's newspapers in smaller communities

Challenges

Traditional outreach methods to locate low-income children are not always effective for families at 250% to 300% FPL. In order to bolster efforts to locate and enroll children, WDS has developed and employed outreach strategies focusing on schools, the internet, child care centers, radio, print media, and television.

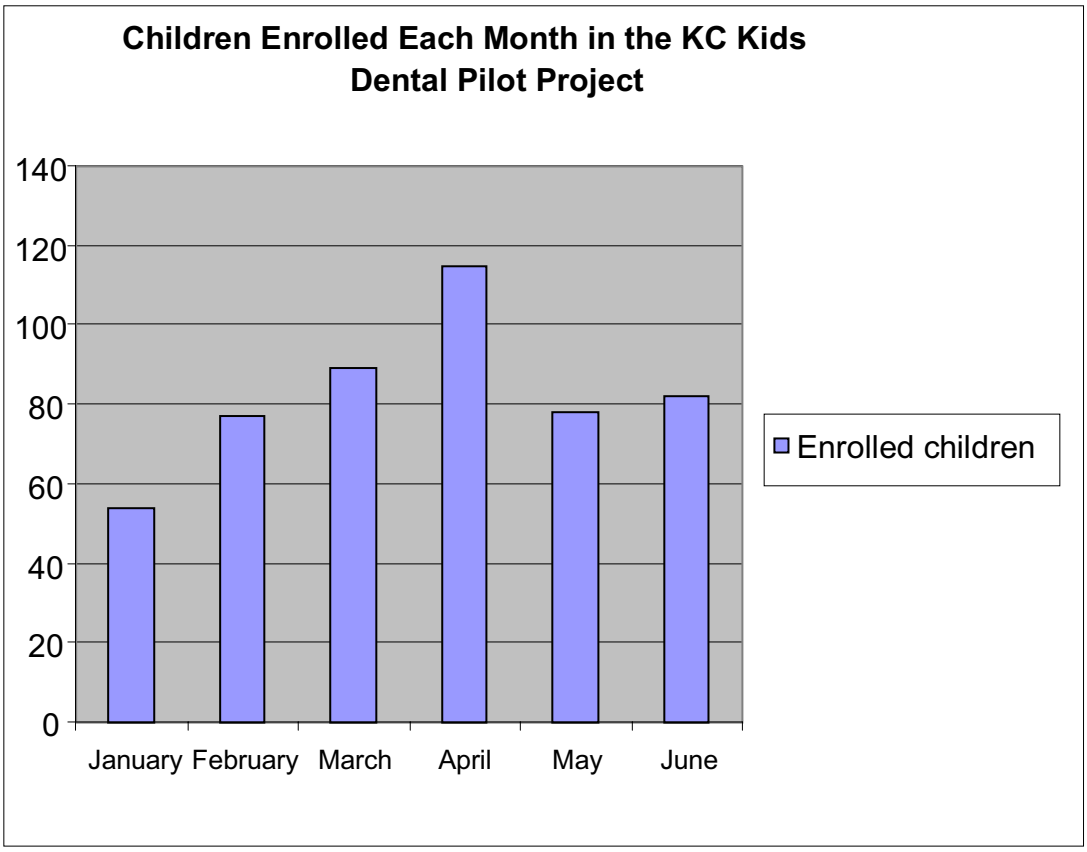
A second challenge for the pilot project is the one-year time frame. This has required a quick start-up period in order to ensure that children are located, enrolled, and access services prior to the end of 2008. WDS is working hard to ensure that children access services after enrollment; for example, WDS send quarterly letters to enrolled families to encourage them to make a dental appointment.

The KC Kids Dental Pilot Project has already discovered a significant gap in eligibility to be addressed for statewide dental coverage. Many SCHIP-eligible children (200%-250% FPL) who have private medical insurance but no dental coverage are not income-qualified for KC Kids (250%-300% FPL). This is because the SCHIP program, unlike Medicaid, does not allow wrap-around services. To address this problem, HIIC members have advocated with the state to allow dental wrap-around services for SCHIP-eligible children who have privately funded medical insurance.

Measurement and Evaluation

☞ Enrollment

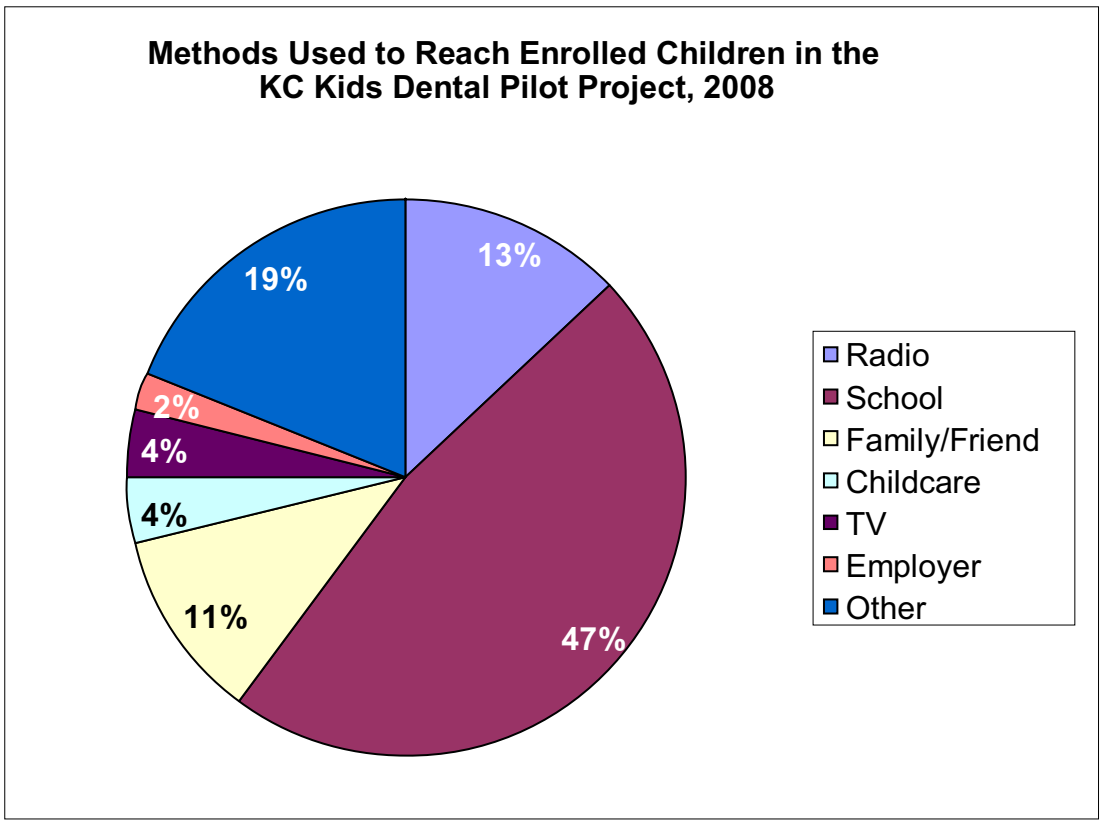
A total of 495 children, of the 1,000 estimated target population, have enrolled in the KC Kids Dental Pilot Project since January 2008. Numbers have increased steadily each month, as shown in the graph below. (Data from May and June are incomplete.)



The KC Kids Dental Pilot Project outreach and enrollment team has connected families with incomes too low to qualify for the program to other services, referring 594 under-income children to CHI outreach teams. In turn, the CHI outreach teams have referred children to the KC Kids Dental Pilot Project.

☞ Outreach

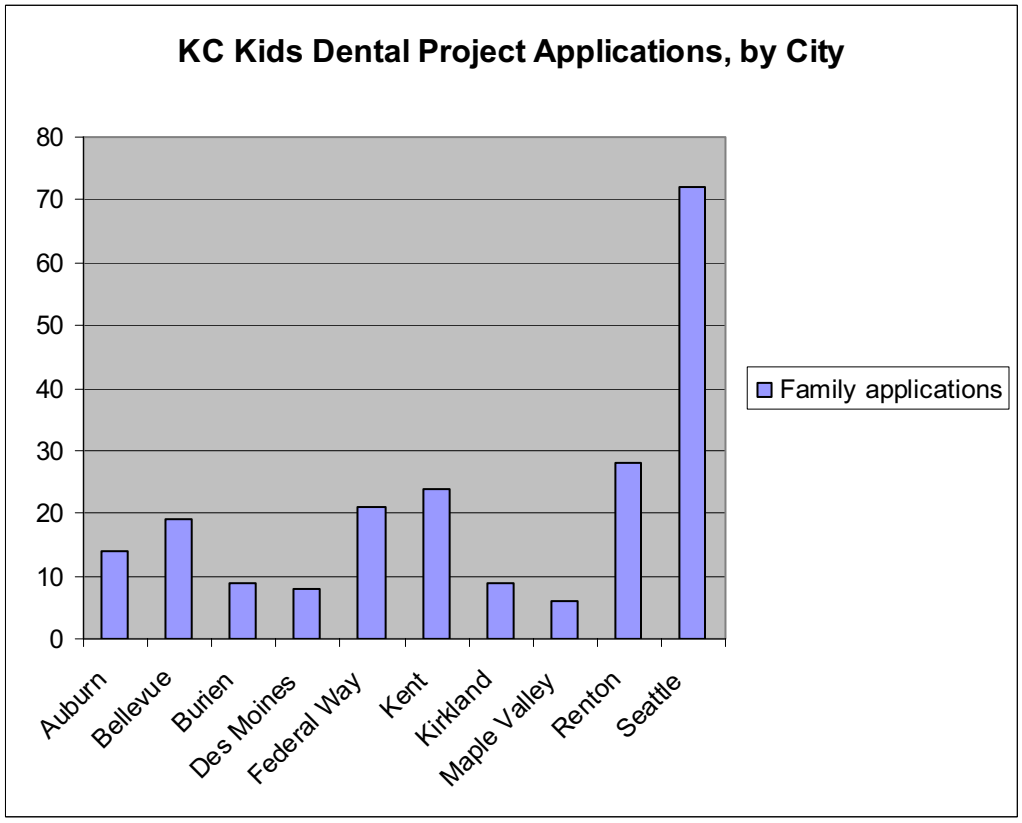
Schools have been a successful outreach strategy. Families that enrolled in the program most frequently reported that schools were how they heard about it, followed by radio, then families and friends. The chart below shows the different access strategies that reached enrolled children. "Other" includes: the office, DSHS, internet, library, childcare, poster, dental office, mail, community centers, and churches. This early data suggest that the multi-faceted approach to outreach has been successful in reaching families.



Note: Viewed in grey-scale, Radio is at 12 o'clock, the others follow clockwise.

☞ **Services Delivered**

The KC Kids Dental Pilot Project has enrolled children throughout King County. The chart below shows the 10 cities with the highest numbers of enrolled families.

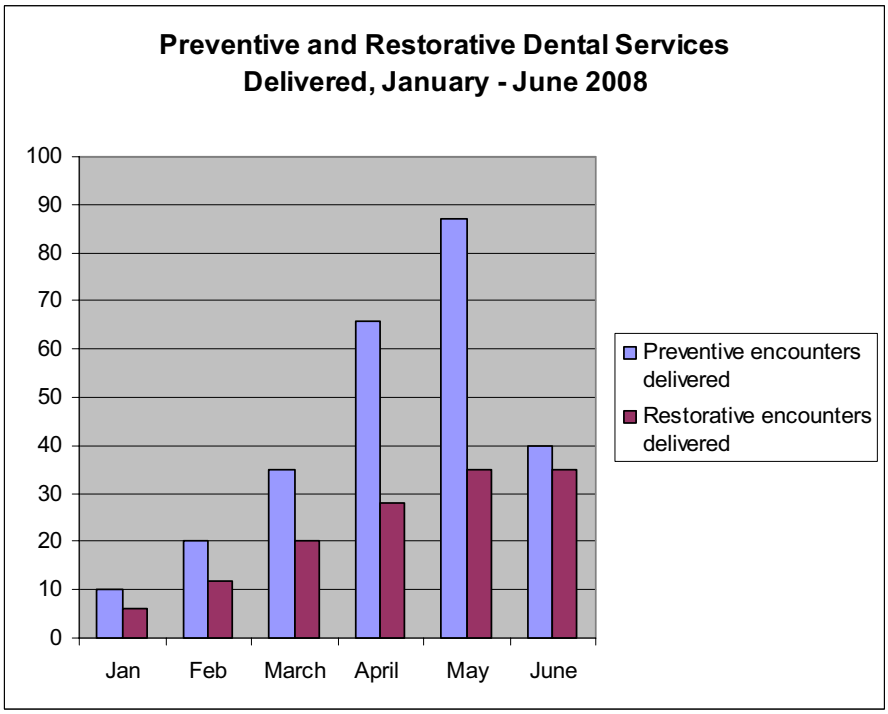


The table below shows the dental services delivered between January and June 2008, with an increasing number of dental visits recorded each month.

Month	# of Dental Visits	Preventive Encounters Delivered	Restorative Encounters Delivered
Jan	10	10	6
Feb	22	20	12
March	47	35	20
April	77	66	28
May	110	87	35
June	75	40	35
Total	**341**	**258**	**136**

The high proportion of preventive services delivered is encouraging, due to the link between preventive dental services and avoided future costs. As discussed in the Access and Outreach chapter, the age at the first preventive dental visit has been shown to have a significantly positive effect on dental-related expenditures. One study indicated that children who receive their first preventive visit before age one incurred a cumulative cost of $242 over the five years of the study. For those children who obtained their first preventive care between the ages of four and five, the cumulative cost totaled $546 (Savage, Pediatrics, 2004).

The chart below shows preventive and restorative dental services delivered between January and June 2008.



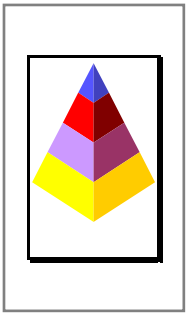
Lessons Learned

Early data suggest that the KC Kids Dental Pilot Project outreach and enrollment strategies are on track. Enrolled families reported a wide range of sources from which they learned about the program, with the highest percentage coming from schools. In addition, applications came from a wide range of cities within King County, including Seattle and South, East, and North King County.

In addition, the growing number of total dental visits and high proportion of preventive services delivered are promising. Studies have shown that preventive visits are less expensive and can reduce future need for restorative care.

The dental pilot project has also discovered an important eligibility gap for children at 200% to 250% FPL whose families have medical insurance, but no dental insurance. These types of discoveries will be important as the state prepares to launch its program to extend medical and dental coverage in January 2009.

The findings from the KC Kids Dental Pilot Project also offer an opportunity to open a dialogue with state partners. This might include exploring the potential for private administration of a publicly-funded dental coverage program, such as the system that is used in Michigan.



FINDINGS AND CONCLUSIONS

Early results from evaluation of the CHI program components show that the initiative is on track to realize the goals adopted by the King County Council.

- Advocacy efforts are building a strong base of support for the State of Washington's implementation of expanded health care coverage for low-income families in 2009.
- The CHI has met and exceeded the goals for enrolling low-income children, and the diversity of clients' race, ethnicity, and place of residence within the county testifies to the effectiveness of its outreach strategies.
- Pilot projects are underway, which will build on promising practices employed elsewhere and contribute to the knowledge base of strategies that are effective as the state prepares to meet its commitment to cover all children by 2010.

Advocacy and Alignment

The CHI advocacy efforts, through the Health Coalition for Children and Youth, work with DSHS, and discussions with state legislators **have created a strong partnership with the state.** This engagement early in the state's process, while it is still designing its strategies and policies for implementing expanded coverage for children, provides an opportunity to guide development based on King County's experience with the CHI. The discoveries about outreach efforts that are successful, as well as learnings about ways to overcome barriers such as data sharing, will be helpful for King County, other local health jurisdictions, and Washington State as a whole.

Access and Outreach

The CHI Access and Outreach Component has reported data showing its multiple strategies for identifying, enrolling, and linking children to a medical and dental home are achieving results.

- The CHI is **meeting and exceeding the enrollment targets** it established.
- **King County's rate of growth in enrolling children is high**, considerably higher than the rest of the state.
- Referrals to medical and dental homes also appear to be working successfully, as DSHS data and phone interviews conducted with a sample of CHI-enrolled families found **high numbers of families had scheduled and attended medical and dental appointments for their children, most of which were for preventive care**.

CHI-enrolled children are racially and geographically diverse, indicating that outreach strategies are culturally appropriate and extensive. Similarly, qualitative data from interviews with the care coordinators the CHI has placed in safety net clinics document that they have been successful in helping

children and their families overcome the language and other barriers that can impede children from accessing preventive care.

Pilot Projects

The pilot projects, while still in their first year and in varying stages of implementation, also show early signs of promise.

The **KC Kids Dental Pilot Project** has conducted extensive outreach through the web, schools, and other community groups, and has **enrolled almost 500 children in dental care, which is 50% of the population of children targeted by the pilot.**

- Data on how the families of enrolled children learned about the program suggest that the multi-pronged outreach approach, and particularly the focus on schools, has been effective, which will be of interest to the state when public programs are extended to these families in January 2009.

- The fact that most of the dental services delivered to enrolled children were preventive is particularly encouraging, both for the long-term dental health of the children and because of the link between preventive dental services and avoided future costs.

The **Behavioral Health Integration Pilot Project**'s RFP and contracting processes have been accomplished quite rapidly for a project of its complexity. The selection of agencies that will carry out the pilot appears to be strong, given the cultural and geographic diversity of the 10 clinics and their proposed service enhancements.

The **Online Enrollment Pilot Project**, while slowed by the state's progress in developing its system capacity, has taken steps that will guide later development. The site visit by staff from the CHI and WithinReach to California's program, which has been in place for some time, identified several key lessons that likely will reduce future missteps. The pilot project is also exploring the use of existing technology for interim steps to keep the project moving forward.

Conclusions

The CHI has been effective in **bringing together the right groups of knowledgeable people**, such as the members of the Health Innovation Implementation Committee and those on the Access and Outreach Committee to achieve success. These committees have provided thoughtful feedback on the direction of CHI projects and have supported advocacy and alignment efforts with state staff and advocacy partners. Their input has also given the CHI excellent suggestions regarding how to measure and evaluate CHI activities and results in terms that will be useful to the state and to the county when data for all three years are available.

Recommendations

There are no recommendations on changes to the CHI based on the measurement and evaluation data or changes in state activities.

Looking Forward

☞ CHI Impact Evaluation – Selected Measures

The measurement and evaluation components of the CHI will allow King County to assess progress toward meeting the vision and goals laid out by the King County Council, as well as build an evidence base for future state public health interventions.

- In addition to reporting on the goals originally set for each of the program components, the CHI will collect information on additional measures that will make its impacts on children, families, and costs more tangible.

- Translating program impacts into priority areas such as fewer missed days of work and school and decreases in preventable emergency room visits and hospital admissions will help make clear the value of the CHI model to community members, the media, and decision-makers.

With the intent of demonstrating the combined impact of the CHI, including the outreach and linkage efforts and pilot projects, the HIIC identified the measures listed below for inclusion in the evaluation. The committee selected these measures for their value and relevance, the likely interest of both King County and Washington State decision-makers, and the availability of the data. In addition, comparison data will be available for King County and Washington State, or in some cases, national data. For many of the measures, comparisons also will be made to similar California counties' program evaluation data.

1. Uninsured children aged 0–18 in King County and Washington State
2. Well-child visit rate for CHI enrolled children ages 3 to 6 years old
3. Immunization rate for CHI enrolled children
4. Rate of preventable ER visits for CHI enrolled children
5. Rate of preventable hospital admissions for CHI enrolled children
6. Average number of school days missed due to illness for CHI enrolled children
7. Average number of parent work days missed due to child's illness for parents of CHI enrolled children
8. Parents' perception of child's health status for CHI enrolled children
9. Parents' worry about and perception of ease of access to services for CHI enrolled children

While it is still relatively early to identify program impacts, there is likely to be a strong return on King County's investment, particularly as children continue to enroll in health insurance programs and to access preventive medical and dental care.

As multi-year data become available for access and outreach strategies and as the pilot projects continue to progress, the county will continue to serve as an incubator for promising practices, helping to identify effective strategies that can succeed at both county and state levels.